Annual Report
81-82

Missouri
Division of Family Services

MISSOURI
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
P. O. BOX 88
JEFFERSON CITY
65103

CHRISTOPHER S. BOND
GOVERNOR

November 9, 1983

The Honorable Christopher S. Bond
Governor of Missouri
State Capitol
Jefferson City, MO 65102

Dear Governor Bond:

I am submitting herewith the Eighth Annual Report of the Division of Family Services. This Report covers the activities of the Division during the period from July 1, 1981 to June 30, 1982.

Sincerely,

Joseph J. O'Hara

Joseph J. O'Hara
Director

Consider adoption You can make the difference

services provided on a nondiscriminatory basis

CHRISTOPHER S. BOND
Governor

DEPARTMENT OF SOCIAL SERVICES
Barrett A. Toan
Director

DIVISION OF FAMILY SERVICES
Joseph O'Hara
Director

CONTENTS

TRANSMITTAL LETTER 1

PART I

REVIEW OF THE YEAR 7
  Administrative Staff 13

PART II

LEGISLATIVE DEVELOPMENTS 14

PART III

REVIEW OF PUBLIC ASSISTANCE PROGRAMS 17
  Aid to Families with Dependent Children 17
  General Relief 23
  Blind Pension 27
  Supplemental Nursing Care 29
  Supplemental Aid to the Blind 34
  State Supplementation for Adult Recipients 38
  Fair Hearings and Appeals 40
  Food Stamp Program 41
  Food Distribution Program 43
  Income Maintenance Staff Development Unit 44

PART IV

MEDICAL SERVICES 45
- Physicians' Services 50
- Inpatient Hospital Services 51
- Prescription Drugs 52
- Dental Services 53
- Skilled Nursing Facilities 53
- Intermediate Care Facilities 54
- Outpatient Hospital Services 55
- Clinic Services 56
- X-ray and Laboratory Services 57
- Medicare Supplementary Medical Insurance "Buy In" 57
- Early and Periodic Screening, Diagnosis, and Treatment of Recipients Under Age 21 58
- Home Health Care Services 58
- Emergency Ambulance Service 59
- Optometric Services 59
- Family Planning 59
- Voluntary Sterilization Services 60
- Audiology Services 60
- Podiatry Services 60
- Rehabilitation Centers 61
- Intermediate Care Facilities for the Mentally Retarded-State Institution 61
- ICF-MR Community Based 61
- Durable Medical Equipment 62
- Medical Assistance 62

PART V

SOCIAL SERVICES PROGRAM 67
- Purchase of Service 68
  - Day Care 69
  - Contractual Treatment Services 69
- Direct Service Delivery 70
  - Alternative Care 70
  - Subsidized Adoption 72
  - WIN 74
  - Protective Services 75
- Support Services 77
  - Child Abuse/Neglect Central Registry 77
  - Interstate Compact on the Placement of Children 78
  - Social Services Staff Development 79
- Day Care Licensing 80
- Residential Licensing Unit Activities 81

PART VI

SERVICES FOR THE BLIND 83
  Rehabilitation Teaching 83
  Vocational Rehabilitation 84
  Prevention of Blindness 85
  Services to Pre-School Blind Children 86
  Employment Placement 86
  Business Enterprises 87

PART VII

CHILD SUPPORT ENFORCEMENT (IV-D) 88

PART VIII

SUMMARY OF EXPENDITURES AND SOURCES OF FUNDS 91

APPENDIXES

A. Chronologies of Activities Affecting Programs Administered by the Division of Family Services for the Fiscal Year 1981-82 97

B. Supplementary Statistical Tables 99

Prepared by
Division of Planning and Budget
Research and Statistics
Richard Koon, Director

PART I

REVIEW OF THE YEAR

During Fiscal Year 1981-82 the average number of people receiving assistance each month decreased from the previous year. The average monthly number of recipients receiving cash benefits during the year was 230,554, a decrease of 29,326 people (or 11.3 percent) from the previous fiscal year.

Comparing June 1981 with June 1982, changes in the number of people receiving assistance are as follows: The total number receiving cash benefits was 261,759 in June 1981 and 213,429 in June 1982, a decrease of 48,330 people or 18.5 percent. For Aid to Families with Dependent Children (AFDC), the number of people decreased from 216,783 to 174,756, a decrease of 19.4 percent. AFDC for children in foster care (AFDC-FC) decreased from 2,102 to 1,978 or 5.9 percent. General Relief went from serving 6,733 to 4,749, a 29.5 percent decrease. Blind Pension (BP), which served 736 people in June 1981 served 957 people in June 1982 for an increase of 30 percent. Nursing care also decreased serving 10,536 people in June 1981 and 9,587 people in June 1982, a decrease of 9 percent.

Three other programs also experienced declines in the number of people served, Supplemental Aid to the Blind (ABS) experienced a reduction from 715 to 601 people served, a decline of 15.9 percent. Supplementary Security Income-Supplemental Payments (SSI-SP) underwent a reduction in the number served from 17,583 to 14,971, or 14.9 percent. Supplemental Payments only (SP only) decreased from 6,571 to 5,830 people, an 11.3 percent decline. The decrease in SSI-SP and SP only were anticipated since no cases are added in these programs.

Total expenditures for cash assistance decreased from $238.5 million in Fiscal Year 1981 to $221.7 million in Fiscal Year 1982, a decrease of $16.8 million or 7 percent. These figures include both state and federal monies, excluding medical vendor payments and administrative costs. Aid to Families with Dependent Children had the major share of expenditures, 79.3 percent. Nursing care had the second largest portion with 12.8 percent. The remaining four programs, GR, BP, ABS, SSI-SP, and SP only, shared 2.1, 0.9, 0.5, 2.7 and 1.6 percent of the expenditures, respectively.

The total applications for all welfare programs decreased from 146,987 in Fiscal Year 1981 to 131,662 in Fiscal Year 1982. This was a decrease of 15,325 applications or 10.4 percent. Of the six programs that provide cash benefits, all but one, BP, received fewer applications than in the previous year. Blind Pension received 37 more applications for an increase of 6.5 percent. Applications decreased by 6,171 or 9.0 percent for AFDC, by 1,323 or 6.3 percent for GR, by 104 or 11.4 percent for ABS by 1,515 or 24.4 percent for NC and by 6,249 or 12.5 percent for MA.

The total number of applications disposed in Fiscal Year 1982 was 131,417. The number represented a decrease of 14,274 or 9.8 percent over the previous Fiscal Year. Of the total dispositions, 81,494 or 62.0 percent were approved and 49,923 or 38 percent were rejected. This breakdown of approvals and rejections is approximately the same as the previous year.

The major reason for the reductions in the number of individuals served from Fiscal Year 1981 to 1982 was the passage of the Omnibus Budget and Reconciliation Act of 1981. This Act, (Public Law 97-35), significantly changed the eligibility requirements and level of benefits in the AFDC and Food Stamp programs. The following is a list of the most significant changes.

AFDC

- Prohibited cash payments to families eligible for less than $10.
- Restricted 30 1/3 earned income disregard to four months after approval.
- Reduced liquid resource limit to $1000 per family, excluding the home and up to $1500 equity in one car.
- Removed allowance of $5 disregard of an individual's income.
- Set eligibility test on family income. Those with income of 150 percent of the need standard became ineligible.
- Set earned income disregard standards for expense of producing income and capped child care costs to be allowed.
- Recoupment of all AFDC overpayments and payment of all AFDC underpayments.

Missouri initiated all of the above by March 1982. With the passage of H.B. 1462, the state's AFDC program was brought into full compliance with federal law.

Food Stamps

- Income Limitations - Restricted food stamp eligibility to households with gross monthly income at or below 130 percent of the applicable federal poverty level. Households with elderly and/or disabled members are exempt from this new income test and continued to be eligible on net monthly income at 100 percent of the applicable federal poverty levels.
- Earned Income Deductions - Reduced the 20 percent earned income deduction to 18 percent.
- Boarders and Strikers - Boarders became ineligible as a food stamp household. Strikers did not become ineligible solely because they are strikers, however, their income before the

strike was included in the food stamp budget which effectively made most of them ineligible due to excess income.

- Prorating First Month Benefits - Benefits became prorated on a daily basis determined by the day of the month of application.

- Freezing of Deductions - The standard income deduction and the ceiling on dependent care/excess shelter deductions were frozen at the current level until July, 1983.

Missouri was able to fully implement all of the above changes on October 1, 1981.

AVERAGE MONTHLY NUMBER OF RECIPIENTS OF PUBLIC ASSISTANCE, BY PROGRAM AND FISCAL YEAR, 1938-1982

		AFDC		GR							
Fiscal Year	OAA	Families	Persons	Cases	Persons	PTD	AB	NC	ABS	SSI-SP	SP
1938	73,378	1,778	4,743	47,189	157,577						
1939	73,606	7,718	18,805	35,718	106,941						
1940	80,955	10,225	24,172	26,715	75,310						
1941	106,378	12,707	29,965	24,515	68,404						
1942	115,724	14,221	32,717	16,009	43,781						
1943	112,165	13,295	30,881	10,832	25,930						
1944	105,757	11,330	27,583	6,857	14,632						
1945	101,745	10,827	27,373	7,963	19,488						
1946	102,093	12,605	33,074	8,550	21,238						
1947	109,752	17,398	45,574	10,946	27,885						
1948	115,491	20,287	52,642	11,680	27,924						
1949	120,354	22,200	56,961	14,152	33,941						
1950	128,422	25,215	63,443	16,659	39,032						
1951	132,295	25,102	62,185	13,610	32,862	5,630					
1952	131,997	22,707	56,625	9,629	25,080	10,323	2,411				
1953	130,902	20,901	52,513	8,770	23,772	12,312	2,886				
1954	132,504	20,374	52,156	5,631	12,586	13,971	3,190				
1955	133,135	21,498	55,577	5,751	10,825	14,262	3,539				
1956	131,194	20,745	54,668	5,999	9,673	13,390	4,107				
1957	127,666	20,290	54,933	6,654	9,875	13,889	4,668				
1958	124,576	22,855	68,339	6,674	9,641	14,786	4,785				
1959	121,184	25,309	85,854	7,570	10,114	15,257	4,864				
1960	117,435	26,202	90,371	8,308	10,653	15,460	4,845				
1961	114,207	26,162	91,155	8,643	11,176	15,415	4,715				
1962	111,120	26,667	94,412	8,990	11,481	15,217	4,606				
1963	107,201	26,369	95,005	9,146	11,547	14,855	4,492				
1964	104,347	25,925	94,983	9,260	11,623	14,604	4,344				
1965	102,122	26,137	97,598	9,711	12,129	14,986	4,178				
1966	99,493	26,053	98,495	9,568	11,804	15,527	3,986				
1967	96,644	26,043	99,046	9,306	11,412	16,081	3,797				
1968	93,699	26,937	102,464	9,582	11,731	16,886	3,640				
1969	90,926	29,390	109,036	10,108	12,085	17,646	3,587				
1970	92,457	35,532	126,890	10,978	12,986	18,240	3,680				
1971	94,516	47,992	164,318	11,504	12,817	20,114	3,728				
1972	94,116	60,644	197,265	12,732	14,086	21,986	3,829				
1973	91,402	67,667	212,077	13,103	14,406	23,083	3,901				
1974	89,196	75,166	232,847	12,516	13,519	24,713	3,856	4,065	93	49,480	22,176
1975		82,253	257,544	10,394	11,110			7,876	735	45,539	16,167
1976		87,532	270,937	8,784	9,446			8,065	995	39,469	13,336
1977		88,521	267,276	7,004	7,453			8,553	1,007	33,978	11,397
1978		72,425	213,693	4,734	4,989			8,429	868	29,192	9,840
1979		65,044	193,340	4,128	4,324			8,243	802	25,535	8,596
1980		65,398	192,577	4,928	5,181			9,933	790	21,929	7,740
1981		72,932	213,547	6,187	6,477			10,552	725	18,868	6,955
1982		66,581	189,128	5,415	5,643			9,995	628	16,108	6,198

The number of dispositions for specific programs were 61,868 for AFDC, 19,592 for GR, 844 for ABS, 611 for BP, 4,732 for NC, and 43,770 for MA. Four programs, GR, ABS, BP, and NC, had lower approval rates decreasing from 56.2, 22.7, 62.0, and 73.0 percent in 1981 to 48.7, 17.1, 57.8, and 69.1 percent in 1982. Two programs, AFDC and MA increased slightly from 63.2 and 62.6 percent in 1981 to 65.8 and 62.8 percent in 1982.

TOTAL EXPENDITURES FOR PUBLIC ASSISTANCE, BY PROGRAM, AND FISCAL YEAR 1938-1982

Fiscal Year	OAA	AFDC	GR	PTD	AB	NC	ABS	SSI-SP	SP
1938	12,407,623	342,126	5,430,577						
1939	16,151,567	2,380,524	4,810,694						
1940	17,037,284	2,707,655	3,856,881						
1941	21,221,407	4,132,952	3,791,235						
1942	18,104,257	3,950,547	2,764,492						
1943	23,890,278	4,927,905	2,176,355						
1944	26,878,738	4,394,982	1,841,408						
1945	27,868,325	4,325,823	2,238,578						
1946	32,030,620	5,377,414	2,271,776						
1947	43,773,933	7,247,857	3,689,517						
1948	48,367,344	9,770,235	3,839,362						
1949	59,336,897	13,848,585	5,344,683						
1950	66,627,001	16,023,757	6,403,771						
1951	69,118,200	15,714,967	5,171,714	2,378,006					
1952	69,282,883	14,222,932	3,526,972	5,741,225	1,078,821				
1953	77,034,015	14,658,219	3,571,655	7,456,502	1,761,390				
1954	79,608,808	15,922,557	2,384,007	8,707,168	2,105,070				
1955	79,420,974	17,360,112	2,705,460	8,885,736	2,335,630				
1956	78,220,706	17,051,415	3,118,375	8,361,923	2,918,880				
1957	81,849,555	19,318,849	3,998,203	9,306,784	3,361,260				
1958	81,495,992	23,794,310	4,142,584	10,019,843	3,445,260				
1959	81,053,332	26,156,515	5,874,885	10,543,468	3,599,115				
1960	83,068,603	28,507,672	6,151,620	11,311,297	3,779,360				
1961	81,963,485	27,912,058	6,350,232	11,481,705	3,677,635				
1962	79,258,672	29,794,349	7,318,387	11,304,733	3,592,810				
1963	79,567,118	29,917,907	6,721,724	11,480,742	3,637,010				
1964	80,196,615	29,835,215	7,445,476	11,739,412	3,835,736				
1965	78,773,629	30,556,796	7,807,689	12,168,215	3,759,825				
1966	79,734,067	31,449,727	7,724,156	13,091,000	3,758,043				
1967	81,197,534	32,394,367	7,652,289	14,053,457	3,645,440				
1968	79,159,737	33,305,844	7,716,287	15,026,646	3,682,830				
1969	78,815,269	38,651,363	7,876,469	15,463,287	3,714,851				
1970	84,478,099	48,601,131	9,129,746	16,945,965	3,963,653				
1971	86,204,380	64,544,254	9,541,025	18,591,620	4,071,334				
1972	85,624,951	78,748,819	10,119,529	20,091,304	4,524,659				
1973	89,424,484	84,705,621	11,091,726	23,597,794	4,838,788				
1974	44,617,046	101,659,101	10,469,550	12,871,627	2,519,846	2,819,937	34,878	11,060,121	9,008,619
1975		118,930,671	8,365,649			17,122,342	891,375	17,883,478	10,603,233
1976		136,241,804	7,159,310			17,595,267	1,231,753	14,642,410	7,621,464
1977		138,122,582	5,750,299			18,927,290	1,390,151	12,185,667	6,109,796
1978		140,276,364	3,861,274			18,886,751	1,185,080	10,382,778	5,319,213
1979		143,032,898	3,355,896			18,668,908	1,287,161	9,247,275	4,882,143
1980		153,791,997	4,109,576			29,250,655	1,280,259	7,924,746	4,415,300
1981		186,996,545	5,250,374			30,288,514	1,230,013	6,852,085	4,022,166
1982		173,479,617	4,653,174			28,347,722	1,172,557	5,933,872	3,635,759

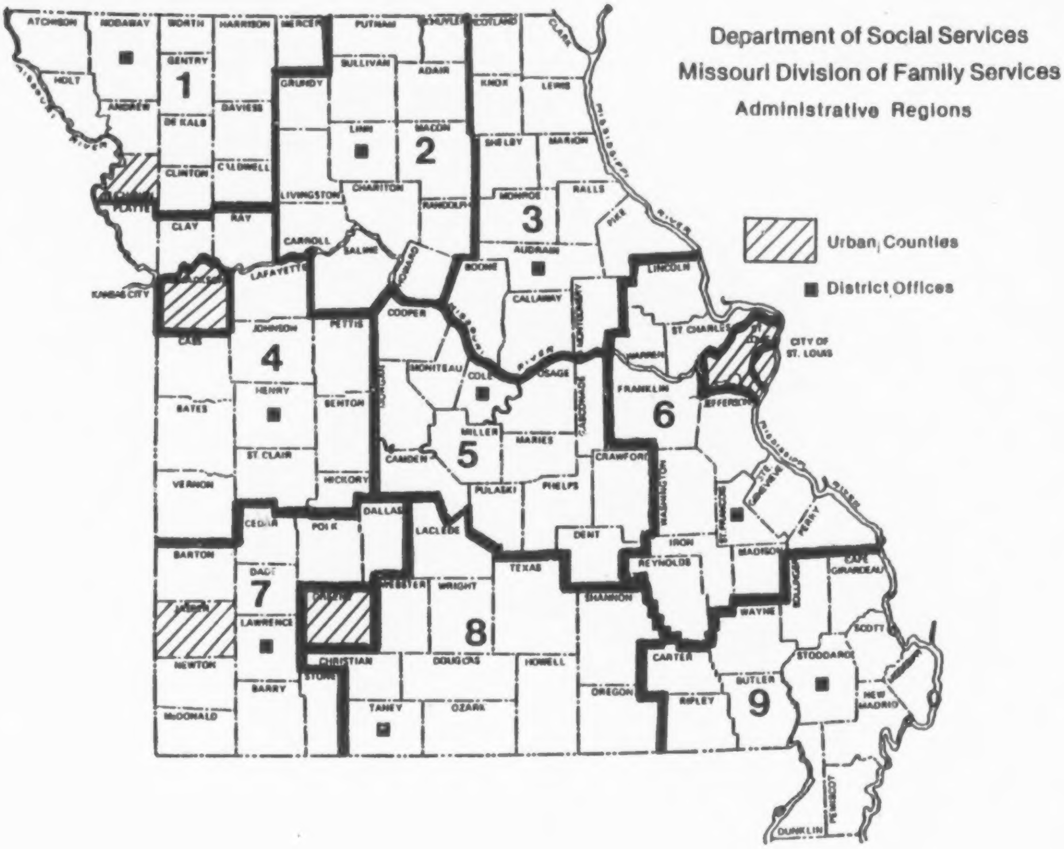
In addition to cash assistance payments, a total of $424.4 million was expended for medical services under the Title XIX Medicaid program. This was an increase of $32,873,010 (8.4 percent) over Fiscal Year 1980-81.

On October 1975, Title XX of the Social Security Act was implemented in the State of Missouri, as it was throughout the United States. Title XX provides funding for the provision of social services to the low income families, including both public welfare and non-public welfare individuals. Some of the services provided under Title XX are

AVERAGE MONTHLY PAYMENTS TO RECIPIENTS OF PUBLIC ASSISTANCE, BY PROGRAM AND FISCAL YEAR, 1938-1982

		AFDC		GR							
Fiscal Year	OAA	Per Families	Per Persons	Per Cases	Per Persons	PTD	AB	NC	ABS	SSI-SP	SP
1938	14.09	32.07	12.02	9.59	2.87						
1939	18.28	25.70	10.55	11.22	3.75						
1940	17.53	22.07	9.33	12.03	4.27						
1941	16.62	27.10	11.49	12.89	4.62						
1942	13.04	23.15	10.06	14.39	5.26						
1943	17.75	30.89	13.30	16.74	6.99						
1944	21.18	32.33	13.28	22.38	10.49						
1945	22.83	33.30	13.17	23.43	9.57						
1946	26.14	35.55	13.55	22.14	8.91						
1947	33.24	34.72	13.25	28.09	11.03						
1948	34.90	40.13	15.47	27.39	11.46						
1949	41.08	51.98	20.26	31.47	13.12						
1950	43.23	52.96	21.05	32.03	13.67						
1951	43.54	52.17	21.06	31.67	13.11	46.93					
1952	43.74	52.20	20.93	30.52	11.72	46.35	50.00				
1953	49.04	58.44	23.26	33.94	12.52	50.60	50.00				
1954	50.07	65.13	25.44	35.28	15.78	51.94	55.00				
1955	49.71	67.29	26.03	39.20	20.83	51.92	55.00				
1956	49.69	68.50	25.99	43.32	26.86	52.04	60.00				
1957	53.43	79.34	29.31	50.07	33.74	55.84	60.00				
1958	54.52	86.76	29.02	51.73	35.81	56.47	60.00				
1959	55.74	86.12	25.39	64.67	48.41	57.59	60.00				
1960	58.95	90.67	26.29	61.70	48.12	60.97	65.00				
1961	59.81	88.91	25.52	61.23	47.35	62.07	65.00				
1962	59.44	93.11	26.30	67.84	53.12	61.91	65.00				
1963	61.85	94.55	26.24	61.24	48.51	64.40	70.00				
1964	64.05	95.90	26.18	67.00	53.38	66.99	75.00				
1965	64.28	97.43	26.09	67.00	53.64	67.66	75.00				
1966	66.78	100.60	26.61	67.27	54.53	70.26	80.00				
1967	70.01	103.66	27.26	68.53	55.88	72.83	80.00				
1968	70.40	103.04	27.09	67.11	54.81	74.16	84.31				
1969	72.23	109.59	29.54	64.94	54.31	73.88	86.30				
1970	76.14	113.98	31.92	69.30	58.59	77.42	89.76				
1971	76.01	112.07	32.73	69.11	62.03	77.03	91.01				
1972	75.82	108.21	33.27	66.23	59.87	76.15	98.47				
1973	81.53	104.32	33.28	70.54	64.16	85.19	103.37				
1974	83.37	112.71	36.38	69.71	64.54	86.81	108.91	173.43	93.76	37.25	67.71
1975		120.49	38.48	67.07	62.75			181.17	101.06	32.73	54.65
1976		129.71	41.90	67.92	63.16			181.81	103.16	30.92	47.62
1977		130.03	43.06	68.42	64.30			184.41	115.04	29.89	44.67
1978		161.40	54.70	67.97	64.50			186.72	113.77	29.64	45.05
1979		183.25	61.65	67.75	64.68			188.73	133.74	30.18	47.36
1980		195.97	66.55	69.49	66.10			245.40	135.05	30.12	47.54
1981		213.67	72.97	70.72	67.55			239.18	141.38	30.26	48.19
1982		217.13	76.44	71.61	68.72			236.35	155.59	30.70	48.88

adoptions, alcohol and drug abuse counseling, chore, day care, education services, employment services, family planning, foster care, home delivered and congregate meals, information and referral, legal assistance, and transportation. The specifics of this program are discussed in greater detail in Part V of the Annual Report, under the Social Services Section.



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ADMINISTRATION STAFF

The change in the number of persons employed by the Division of Family Services between the end of June 1981 and the end of June 1982 was a decrease of 324 or 6.3 percent. The Division of Family Services employed a total of 4,840 persons in June 1982 as compared with 5,164 persons in June 1981. The distribution of employees as of June 1982 was as follows: 114 county directors, 282 income maintenance supervisors, 1,800 caseworkers, 888 social service workers, 223 social service supervisors, 51 professionals in the blind offices, 1,176 clerical and 306 administrators and support workers. State Office personnel totaled 382.

In Fiscal Year 1982, the total staff additions was 545 compared with 869 separations, resulting in 324 more separations than additions. Last year there were 608 more separations than additions.

Table 1. Number of Employees of the Division of Family Services, Replacements and Separations, July 1981-June 1982

Quarter	Number of Employees at Beginning of Quarter	Number of Replacements or Additions	Number of Separations	Number of Employees at end of Quarter
TOTAL				
1982				
April-June	4,699	361	220	4,840
January-March	4,831	150	282	4,699
1981				
October-December	5,000	9	178	4,831
July-September	5,164	25	189	5,000

PART II

LEGISLATIVE DEVELOPMENTS

The Second Regular Session of the 81st General Assembly, which convened on January 6, 1982 and adjourned sine die on May 15, 1982, enacted the following legislation affecting the Division of Family Services' programs and services:

S. B. 468 - Provided for a comprehensive revision and codification of the laws pertaining to the establishment and enforcement of support obligations owing to children and other persons. The bill was approved by the Governor on June 22, 1982 and went into effect on August 13, 1982.

CCS for S. B. 497 - Among other provisions, amended Section 207.020 (17), RSMo, to include status offenders along with HDN children the Division of Family Services shall accept for social services and care and required the Division to notify the court in writing as to whether the Division has adequate facilities and appropriated funds to care for the children placed in its legal custody. The bill was approved by the Governor on June 4, 1982 and went into effect immediately upon his approval.

S. B. 587 - Provided that an adopted child, born in a foreign country, upon request of one of his adoptive parents or upon his own request, if he is of legal age, shall be furnished a birth certificate by the State Division of Health. The bill was approved by the Governor on June 22, 1982 and went into effect on August 13, 1982.

S. B. 722 - Provided that in a court proceeding in which a guardian ad litem is appointed to represent a minor and the minor is not a party, reasonable compensation shall be taxed as costs in the proceeding. The bill was approved by the Governor on June 16, 1982 and went into effect on August 13, 1982.

HCS for H. B. 946 - Provided for the collection of debts owed to the state, including child support, by setting off such debts against certain income tax refunds. The bill was approved by the Governor on March 16, 1982 and went into effect immediately upon his approval.

HS for H. B. 1086 - Among other provisions not affecting the Division of Family Services, established controls on medical assistance use, abuse, and fraud; provided for coverage of adult day care and day treatment, under certain conditions, under medical assistance; provided that effective July 1, 1983, the total state payment maximum for care in licensed adult boarding facilities shall not exceed $156 monthly, in licensed intermediate care facilities or licensed skilled nursing facilities, $390 monthly, and in licensed residential care facilities, $292.50 monthly; and raised the monthly blind pension benefit to $235. The bill was approved by the Governor on May 20, 1982 and went into effect on August 13, 1982.

SCS for HCS for H. B.s 1171, 1173, 1306 and 1643 - Amended certain sections of the child abuse and neglect, foster care, adoption, licensing, juvenile court, and termination of parental rights statutes; and provided for uniform reporting of juvenile court statistics to the Division of Youth Services, upon its request. The bill was approved by the Governor on June 22, 1982 and went into effect on August 13, 1982.

H. B. 1462 - Amended certain sections of the child support and aid to families with dependent children statutes to conform with provisions of the 1981 Omnibus Reconciliation Act. The bill was approved by the Governor on February 16, 1982 and went into effect immediately upon his approval.

H. B. 1521 - Among other provisions not affecting the Division of Family Services, authorized and established the procedure for withholding child support obligations from unemployment compensation benefits. The bill was approved by the Governor on March 10, 1982 and went into effect immediately upon his approval.

H. B. 1011 - Appropriated funds to the Division of Family Services for Fiscal Year 1982-83, as given in table on page 16.

DIVISION OF FAMILY SERVICES
APPROPRIATIONS FOR THE 1982-1983 FISCAL YEAR
SECOND REGULAR SESSION, 81st GENERAL ASSEMBLY

	Total	State	Federal	Other
TOTAL	832,260,062	344,301,059	476,135,823	11,823,180
Income Maintenance: (Total)	290,125,428	128,362,934	161,762,494	
Assistance Programs--				
Aid to Families with Dependent Children	167,148,267	66,224,143	100,924,124	
Adult Supplementation	6,993,648	6,993,648		
Nursing Care	27,407,500	27,407,500		
Blind Supplementation	4,881,190	4,881,190		
General Relief	5,228,560	5,228,560		
Refugee Assistance	1,856,010	1,856,010		
Utilicare	887,462	887,462		
Crude Oil Profit Tax-Utility Payments	43,043,313		43,043,313	
Administration - Crude Oil Profit Tax	3,000,000		3,000,000	
Administration	29,679,478	14,884,421	14,795,057	
Social Services: (Total)	68,261,760	20,282,285	41,139,453	6,840,022
Vendor Programs--				
Homeless, Dependent and Neglected Children	11,477,111	7,496,232	2,780,879	1,200,000
Child Abuse and Neglect	1,082,375	230,000	852,375	
Residential Treatment of Homeless, Dependent and Neglected Children	6,828,000	3,542,245	3,285,755	
Purchase of Day Care	11,128,152	1,086,510	7,723,329	2,318,313
Purchase of Service Expenditure to Organizations	13,350,123		10,028,414	3,321,709
Home Based Services	1,000,000	1,000,000		
Staff Training	386,904		386,904	
Administration	23,009,095	6,927,298	16,081,797	
Medicaid Services: (Total)	433,746,363	183,027,587	248,959,368	1,759,408
Vendor Payments--				
Medical Benefits for GR Recipients	15,841,869	15,841,869		
Title XIX Regular	93,942,522	38,570,271	55,372,251	
Title XIX Hospital Care	143,339,317	58,937,152	84,402,165	
Community Placement of Mentally Retarded in ICF-Title XIX	4,398,520		2,639,112	1,759,408
SNF/ICF-Title XIX	170,840,768	67,940,370	102,900,398	
Administration	2,388,093	1,044,009	1,344,084	
MMIS System	2,995,274	693,916	2,301,358	
Services for the Blind: (Total)	3,735,079	1,157,245	2,552,834	25,000
Services for the Visually Impaired	2,015,954	608,717	1,382,237	25,000
Administration	1,719,125	548,528	1,170,597	
Title IV-D Child Support Enforcement: (Total)	10,725,525	875,080	6,651,695	3,198,750
Reimbursements--				
Reimbursements to Counties	4,100,000		4,100,000	
Payments to Internal Revenue	365,483	91,371	274,112	
Federal Reimbursement and Local Incentives	3,198,750			3,198,750
Administration	3,061,292	783,709	2,277,583	
Administrative Services:				
Administration	25,665,907	10,595,928	15,069,979	

PART III

REVIEW OF PUBLIC ASSISTANCE PROGRAMS

AID TO FAMILIES WITH DEPENDENT CHILDREN - REGULAR

Aid to Families with Dependent Children is a federal-state money payment program and includes money payments to meet the needs of the parents or needy relatives with whom the child is living and the needs of any other individual living in the same home who is considered essential to the well-being of the child, providing the resources and the needs of such an individual are taken into account in determining the amount of money payment. A dependent child is a needy child who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, or who is deprived of such support or care because the father is unemployed. The needy child must be living in a place of residence maintained by one or more relatives as his own home. The child must be under age 18, or 18 years of age but under 21 and a student regularly attending a school, college, university, or a course of vocational or technical training designed to fit the child for gainful employment. A child recipient includes the unborn child when pregnancy has been medically determined. The AFDC family or assistance group consists of the dependent children, the adult recipients in the home, and any other individual living in the same home who is considered essential to the well-being of the child. The retained objective of the AFDC program, which was started in 1938, is to provide assistance to children in their own homes who became dependent through no fault of their own. Its basic philosophy is focused on keeping families intact and thereby permitting children to obtain the benefits associated with normal family life.

Prior to July 1977, maximum benefits were fixed by law at $56 for the first child, $44 for the eligible adult relative, and $35 for each additional child. At that time, the maximum payment was changed to a fixed percentage of need standard assigned a given assistance group size. Each family's monthly full standard of need is figured, and the percentage of need deducted to arrive at the actual monthly payment standard. The outcome of these changes increases the payments to families with little or no income and reduces payments or closes cases of families who have incomes. The percentage of need during Fiscal Year 1981-1982 was 79.55 percent the same as in Fiscal Year 1980-1981.

Recipients and Payments (Table 2)

There were 42,027 less people receiving payments at the end of the fiscal year than at the end of the previous fiscal year. The number of families receiving assistance decreased by 11,996 and the number of children receiving assistance decreased by 26,579. The number of recipients peaked in September and then declined in each of the remaining months of the fiscal year except for a slight increase in March. This continued the general decline of recipients from the March 1980-81 peak.

Total payments in the fiscal year decreased by $13,516,928 or 7.2 percent less than the previous fiscal year. The average payment per family increased by $8.93 and the average payment per person increased by $6.08 which is almost half of the increase per family, $16.65, of the previous year and only slightly higher (21 cents), than the increase per person of the last fiscal year.

Table 2. Number of Recipients and Amount of Payments for Aid to Families with Dependent Children, July 1981-June 1982*

Month	Recipient			Amount of Payments		
					Average	
	Families	Children	Persons	Total	Per Family	Per Person
TOTAL	XXXXXX	XXXXXXX	XXXXXXX	173,479,617**	XXXXXX	XXXXX
1982						
June	62,167	117,562	174,756	13,825,511	222.39	79.11
May	62,010	117,566	174,781	13,788,562	222.36	78.89
April	64,249	121,617	181,007	14,241,306	221.66	78.68
March	64,062	122,248	181,418	14,159,461	221.03	78.05
February	63,629	121,997	180,704	14,033,860	220.56	77.66
January	64,509	124,132	183,723	14,175,656	219.75	77.16
1981						
December	64,881	125,070	184,914	14,343,185	221.07	77.57
November	69,591	133,721	198,299	14,864,462	213.60	74.96
October	71,224	136,683	202,833	15,081,514	211.75	74.35
September	71,546	137,396	203,855	15,154,801	211.82	74.34
August	71,019	136,622	202,660	15,021,451	211.51	74.12
July	70,030	135,083	200,497	14,789,848	211.19	73.77

* For data prior to July 1981, see Appendix B, Table V and VI, and previous reports of the Division of Family Services.

** Does not include retroactive and deficiency payments and AFDC-FC data.

Applications (Table 3)

Applications activity declined in the fiscal year. The number of applications received in the year was 6,171 less than the applications received last year. The average number of applications received per month decreased to 5,176 and there was a relatively small inflow of applications that occurred from October to April 1982 in comparison to the previous year. There were 2,262 fewer approval and 3,886 fewer denials in the year than the year before. There were 61,868 applications disposed in the year, 65.8 percent of these were approved and 34.2 were denied.

Table 3. Applications for Aid to Families with Dependent Children Received, Disposed of, and Awaiting Disposition at End of Month, July 1981-June 1982*

Month	Number of Applications Received	Application Disposed of			Number of Applications Awaiting Disposition at end of Month°
		Total	Number Approved for Assistance	Number Denied or Disposed of for Other Reason**	
TOTAL	62,110	61,868	40,707	21,161	XXXX
1982					
June	5,735	5,199	3,366	1,833	3,705
May	5,052	4,154	2,461	1,693	3,166
April	3,560	4,350	2,920	1,430	3,187
March	5,351	5,719	3,913	1,806	3,040
February	4,922	4,921	3,258	1,663	3,508
January	5,119	5,012	3,387	1,625	3,508
1981					
December	5,240	5,494	3,739	1,755	3,522
November	4,768	4,447	2,962	1,485	3,555
October	4,870	5,117	3,362	1,755	3,360
September	5,402	6,065	3,852	2,213	3,372
August	5,855	5,635	3,760	1,875	4,178
July	6,236	5,755	3,727	2,028	4,190

* For monthly data prior to July 1981, see Annual Report for Division of Family Services, 1980-81, p. 18

** Includes such reasons as change of residence, voluntary withdrawal and another form of assistance considered more appropriate (see Table 5).

° Figure does not always agree with number carried over as pending at first of following month because of adjustments in previous figures.

Opening (Table 4)

Case openings declined by 5.3 percent during the year compared to the previous year's increase of 18.6 percent. By far the most predominant reason for opening was the desertion, separation, or divorce category which accounted for 77.8 percent of the openings in the year. That was 4.0 percent more than the percentage the category accounted for the prior year. The layoff, discharge or other reason category was cited as the reason for opening in 7.1 percent of the openings and that was 5.3 percent lower than its previous year percentages. The other categories' percentages all changed by one percentage point or less from the previous year, except for the other category which increased 1.2 percent.

Table 4. Cases Opened for Aid to Families with Dependent Children by Reason for Opening, July 1981-June 1982

Reason for Opening	Number	Percent
TOTAL	40,707	100.0
Change in economic circumstances because of:	39,036	95.9
Loss of employment benefits to persons in home		
Illness or disablement	1,983	4.9
Lay-off, discharge, or other reason	2,906	7.1
Resources exhausted	130	0.3
Desertion, separation or divorce of parents	31,661	77.8
Parent or parents institutionalized or incarcerated	470	1.2
Loss of a wage earned in home by death	542	1.3
Loss or reduction of income from outside the home	809	2.0
Other loss of income	535	1.3
No material change in economic circumstances:	1,671	4.1
Transfer from other assistance	93	0.2
Other	1,578	3.9

Rejection (Table 5)

The number of applications rejected in the fiscal year showed a 15.5 percent decrease over the prior year. The reasons for rejecting an application are classified into three general categories, ineligible because of sufficient income or resources, ineligible because of eligibility criteria other than insufficient need, and reasons other than points of eligibility. The reason for rejection, gross income exceeds 150 percent of need standard, is an addition for this fiscal year. The significant changes are in the reasons for rejection, available resources of applicant and child not deprived of parental support which are half of the previous year's 16.7 and 3.5 percent. All the other reasons for rejection were more consistent with the previous year.

Table 5. Applications Rejected for Aid to Families with Dependent Children, by Reason for Rejection, July 1981-June 1982

Reason for Rejection	Number	Percent
All Applications Rejected	21,161	100.0
Ineligible because of sufficient income of resources	9,300	43.9
Available resources of applicant	6,070	28.6
Gross income exceeds 150 percent of need standard	3,171	15.0
Receipt of Veteran's Benefits, employer pension, or other public assistance	34	0.2
Other resources or not classified by specific source of income	25	0.1
Ineligible for reasons other than insufficient need	2,497	11.8
Child not deprived of parental support	613	2.9
Failure to furnish necessary information or comply with agency policy	1,462	6.9
Unable to meet disability requirement	74	0.4
Child not living with specified relative	348	1.6
Rejected for reasons other than points of eligibility given above	9,364	44.3
Voluntarily withdrew application	4,793	22.7
Moved out of state or could not be located	985	4.7
All other reasons	3,586	16.9

Closings (Table 6)

The number of closings increased by 9,979 or 25.4 percent over the prior year, with the major percent in closings coming from the category, gross income exceeds 150 percent of need standard, this regulation came in effect October 1, 1981. Also added was Status Report requirements (Income Reporting), included in the previous year under the category all other reasons for loss of eligibility. All previously existing categories posted declines in the number of closings except child attained maximum age and all other reasons. A redefinition of obtainment of employment or increased earnings by payee or others in household and other economic reasons occurs in this fiscal year, previously earned income tax credit and receipt of lump sum were not included.

Table 6. Number of Aid to Families with Dependent Children Cases Closed, by Reason for Closing, July 1981-June 1982

Reason for Closing	Number	Percent
All Cases Closed	49,284	100.0
Decreased Need:		
Obtainment of employment or increased earnings by payee or others in household and other economic reasons*	7,112	14.4
Gross income exceeds 150 percent of need standard	10,410	21.1
Receipt of OASDHI or other Federal or State Benefits or Pensions	2,244	4.6
Receipt of or increase in Child Support from absent parent	695	1.4
Loss of eligibility other than decreased need:		
Child attained maximum age	75	0.2
Moved out of state or could not be located	5,747	11.7
Voluntary request of discontinuance	7,164	14.5
Non-compliance with Monthly Status Report requirements (income reporting)	6,495	13.1
All other reasons for loss of eligibility**	5,605	11.4
All other reasons°	3,737	7.6

* Includes resources other than earnings of parents or other person in home, cases where children were not deprived of parental support for reasons not otherwise classified, earned income tax credit and receipt of lump sum.

** Includes such reasons as parent no longer incapacitated, refusal after acceptance to comply with agency policy, and refusal to give necessary information.

° Child admitted to child-caring agency or institution, death of dependent child, no longer an eligible child in the home, transferred to other assistance, change in payee and change in law or agency policy.

Foster Care Program (Table 7)

Under provisions of the Seventy-second General Assembly which provides for continued AFDC benefits to certain neglected and/or abused children who are removed from their parents' or relatives' custody, the Juvenile Courts are authorized to place children needing foster care in the custody of the Division of Family Services.

In order to be eligible for being placed in foster family homes or non-profit child-caring institutions, children must have either received AFDC benefits during the month in which such court proceedings were started, or else if application for assistance had been made, would have received AFDC benefits for the month in question. Children who have been living with eligible AFDC parents or relatives within six months prior to the month in which proceedings were started, provided the eligible parent or relative had made application for AFDC, are eligible to receive AFDC-Foster Care.

Table 7. Number of Children and Amount of Payment for Aid to Families with Dependent Children-Foster Care
July 1981-June 1982

Month	Number of Children	Amount of Payments	Average Per Child
TOTAL	XXXX	2,358,868	XXXX
1982			
June	1,978	196,954	99.57
May	2,001	197,887	98.89
April	1,975	197,657	100.08
March	1,947	192,402	98.82
February	1,948	192,427	98.78
January	1,934	192,018	99.29
1981			
December	1,984	196,404	98.99
November	1,955	193,573	99.01
October	1,996	198,359	99.38
September	2,001	198,650	99.28
August	2,007	198,683	99.00
July	2,060	203,854	98.96

In order that the child be returned to his natural home as quickly as possible, extensive efforts are made to improve conditions in his home during his absence.

The AFDC-Foster Care program has shown a negligible amount of growth over the last four fiscal years. Over the prior three fiscal years the number of children receiving assistance increased by only 43 children and in this fiscal year end the number of children receiving assistance declined by 124 children. Total payments in this fiscal year declined $174,466 and only increased $34,214 in 1980-1981 over 1978-1979. Average payment per child increased 37 cents, leaving the increase from July 1978 to June 1982 of $1.65.

GENERAL RELIEF

General Relief, which provides assistance to needy, unemployable persons, is financed entirely through state funds. In that this type of assistance is primarily for the benefit of physically or mentally incapacitated and unable-to-work persons, single employable persons or families with employable members are ineligible. The maximum payment under this program is set at $70 per month.

Recipients and Payments (Table 8)

The General Relief caseload had been steadily rising since May 1979, until August of this fiscal year when it entered a steady decline. In Fiscal Year 1981-82, there were 1,807 less cases and 1,984 less people receiving assistance in June 1982 than there were in June 1981.

The average monthly caseload for the year was 5,412 which was 771 cases lower than the previous year's average.

Table 8. Number of Recipients and Amount of Assistance for General Relief, July 1981-June 1982*

Month	Recipients				Amount of Assistance		
	Number of Persons in Cases	Number of Cases			Total	Average	
		Total	Family	Single Person		Per Person in Case	Per Case
TOTAL	XXXXX	XXXXX	XXX	XXXXX	4,653,174	XXXXX	XXXXX
1982							
June	4,749	4,607	105	4,502	327,447	68.95	71.08
May	4,916	4,763	110	4,653	337,984	68.75	70.96
April	5,343	5,127	134	4,993	368,692	69.00	71.91
March	5,369	5,151	145	5,006	369,554	68.83	71.74
February	5,324	5,141	129	5,012	364,979	68.55	70.99
January	5,659	5,397	180	5,217	391,681	69.21	72.57
1981							
December	5,804	5,552	185	5,367	401,384	69.16	72.30
November	5,713	5,417	202	5,215	392,511	68.70	72.46
October	6,015	5,740	200	5,540	413,909	68.81	72.11
September	6,085	5,832	192	5,640	417,206	68.56	71.54
August	6,369	6,101	203	5,898	435,670	68.40	71.41
July	6,376	6,117	197	5,920	432,157	67.78	70.65

* For Data prior to July 1981, see Appendix B, Table V and VI, and previous report of the Division of Family Services.

The total amount of assistance in the year was $597,200 less than the previous year. Average assistance increased 90 cents per person and declined 36 cents per case. Compared to an increase of $1.28 per person and an increase of $1.45 per case in the previous fiscal year.

Application activity showed a decrease over the previous year. The number of applications received decreased 1,323 (6.3 percent). Applications disposed of decreased by 0.1 percent, the number approved decreased 2,043 (17.6 percent), and the number denied increased 1,017 (11.3 percent). The number of applications left pending in June 1982 was 154 more pending applications than in June 1981.

Table 9. Applications for General Relief Received, Disposed of, and Awaiting Disposition at End of Month, July 1981-June 1982

Month	Number of Applications Received	Applications Disposed of			Number of Applications Awaiting Disposition at end of Month*
		Total	Number Approved for Assistance	Number Denied or Disposed of for Other Reasons	
TOTAL	19,780	20,592	9,550	10,042	XXXXX
1982					
June	1,673	1,625	772	853	1,758
May	1,647	1,414	591	823	1,706
April	1,319	1,549	809	740	1,724
March	1,868	1,908	906	1,002	1,700
February	1,510	1,512	694	818	1,772
January	1,706	1,666	800	866	1,761
1981					
December	1,635	1,751	870	881	1,759
November	1,457	1,506	743	763	1,822
October	1,656	1,687	879	808	1,940
September	1,747	1,798	872	926	1,926
August	1,704	1,604	819	785	1,985
July	1,858	1,572	795	777	1,941

* Figure does not always agree with number carried over as pending at first of following month because of adjustments in previous figures.

Openings (Table 10)

The reasons for opening showed an increase in openings for non-economic reasons but a decrease in openings for economic reasons. The increase of 14.0 percent of openings for non-economic reasons occurred in spite of an overall decline of 2,043 openings from the previous fiscal year.

Table 10. Cases Opened for General Relief by Reason for Opening, July 1981-June 1982

Reason for Opening	Number	Percent
TOTAL	9,550	100.0
Change in economic circumstances because of:	7,345	76.9
Loss of employment benefits to persons in home		
Illness or disablement	5,929	62.0
Lay-off, discharge, or other reason	62	0.7
Resources exhausted	196	2.1
Loss of a wage earner in home by death	1	*
Loss or reduction of income from outside the home	31	0.3
Father never lived in home and desertion or separation	1,107	11.6
Other loss of income	19	0.2
No material change in economic circumstances:	2,205	23.1
Transfer from other assistance	19	0.2
Other	2.186	22.9

* Less than one-tenth of one percent.

Closings (Table 11)

The reasons for closing unlike reasons for opening showed an overall increase of 1,064 from the previous fiscal year. The large decline in the number of closings due to the obtainment of employment or increased income (-57.1 percent) that marked the fiscal year 1980-1981, had a large pickup of 443 percent in this fiscal year. Closings due to no longer meeting disability requirements increased by 45.7 percent much less than the previous increase of 139.3 percent. All other categories exhibited modest increases or declines.

Table 11. Number of General Relief Cases Closed, by Reason for Closing, July 1981-June 1982

Reason for Closing	Number	Percent
All cases closed	10,714	100.0
Obtainment of employment or increased earnings of person in home	391	3.7
Receipt of another type of public or private aid	1,261	11.8
Death	170	1.6
Ineligible--need decreased	524	4.9
Could not be located	1,025	9.6
Voluntary request of discontinuance	818	7.6
Transferred to other assistance	1,927	17.9
Change in law or agency policy	237	2.2
Do not continue to meet disability requirement	1,527	14.3
All other reasons*	2,834	26.4

* Includes such reasons as refusal after acceptance to comply with agency policy, value of property increased beyond agency maximum, admitted to institution, employable person in household, emergency met, change in payee and refusal to obtain medical examination.

BLIND PENSION

The Blind Pension program, the objective of which is to provide for the needs of blind persons unable to qualify for the State Aid to the Blind program, provides monthly pensions to blind residents of Missouri. This program established in 1921, is financed entirely from state funds derived from a special property tax. Blind Pension payments were raised to $200 per month from $175 per month in October 1981 and still if residing in an intermediate care facility, recipients may receive a maximum of $300.

Recipients and Payments (Table 12)

Blind Pension recipients and payments have been growing steadily over the last four fiscal years with only two declines from one month to the next during that time. In June 1982, there were 221 more recipients than in June 1981 and the total amount of payments for the year was $734,195 more than the previous year.

Table 12. Number of Recipients and Amount of Payments for Blind Pension, July 1981-June 1982*

Month	Number of Recipients	Amount of Payments
TOTAL	XXX	2,092,131
1982		
June	957	191,600
May	955	191.300
April	956	191,500
March	933	186,835
February	922	184,735
January	908	181,835
1981		
December	904	181,185
November	880	176,324
October	870	174,243
September	855	150,103
August	830	145,743
July	779	136,728

* For data prior to July 1981, see Appendix B, Tables V and VI, and previous reports of the Division of Family Services.

Additions and Closings (Table 13)

On the first working day of July 1981, there were 769 cases on the Blind Pension caseload. On the last working day in June 1982, there were 999 cases on the caseload. During the time in-between, 353 new cases were opened and added to the caseload and 123 cases were closed and taken off the caseload. The total number of cases served was 1,122 which was 272 more cases served than in the previous year.

Table 13. Report on Number of Blind Pension Recipients, Additions and Closings, July 1981-June 1982

Case Load	Recipients
On roll beginning of year	769
Added during year	353
Total during year	1,122
Closed during year	123
On roll at end of year	999

SUPPLEMENTAL NURSING CARE

The terminology used to designate the various types of licenses the Missouri Division of Aging can issue to a group-living facility was changed on October 1, 1979. Adult boarding homes became adult boarding facilities, domiciliary homes became residential care facilities, practical homes became intermediate care facilities, and professional homes became skilled nursing facilities. The Division of Family Services continued to be authorized to make cash grants to the eligible claimants in licensed nursing facilities up to the same maximums as before the change. The Division of Aging also continued to be authorized to make vendor payments for eligible claimants residing in licensed intermediate care or skilled nursing facilities that have also been certified to participate in the Missouri Title XIX program.

In order to be eligible for a nursing care cash grant, an individual must reside in a licensed nursing care facility and must meet the old age assistance, permanently and totally disabled, aid to the bind, or general relief eligibility criteria without being eligible for Division of Aging vendor payments. Adult boarding and residential care facility residents may be eligible for cash grants but are not eligible for vendor payments. To be eligible for vendor payments an individual must reside in the part of a licensed intermediate care or skilled nursing facility that has been certified for the Title XIX program. Licensing is based on state criteria and it is for the whole nursing care facility while certification is based on federal criteria and may be for all or part of a facility.

The maximum cash grants for eligible individuals 21 years old and over are $120 if in a licensed adult boarding facility, $225 if in a licensed residential care facility, and $300 if in a licensed intermediate care or skilled nursing facility. Individuals under 21 years of age are no longer eligible for cash grants as of September 16, 1981.

Recipients and Payments (Table 14)

From July 1981, the first month of the fiscal year, to June 1982 the last month of the fiscal year, the total number of recipients for all nursing facilities showed a decrease of 801. During that time intermediate care facility recipients decreased by 868, residential care facility recipients increased by 180, and adult boarding facility recipients decreased by 113.

Total payments were $1,937,792 less in the fiscal year than in the prior fiscal year. Intermediate care facility payments decreased $2,401,009 over the previous year, residential care facility payments increased $475,940 and adult boarding facility payments decreased $12,723.

Table 14. Number of Recipients and Amount of Payments for Supplemental Nursing Care, July 1981 - June 1982*

	Recipients				Amount of Payments			
Month	Total	Intermediate Care Facility	Residential	Boarding	Total	Intermediate Care Facility	Residential	Boarding
TOTAL	XX,XXX	X,XXX	X,XXX	X,XXX	28,347,722	22,735,976	2,485,826	3,125,920
1982								
June	9,587	6,241	1,072	2,274	2,249,163	1,767,103	223,784	258,276
May	9,530	6,206	1,068	2,256	2,254,497	1,775,899	222,887	255,711
April	9,770	6,372	1,092	2,306	2,310,728	1,821,621	228,155	260,952
March	9,810	6,466	1,067	2,277	2,328,665	1,848,869	222,902	256,894
February	9,850	6,510	1,050	2,290	2,339,069	1,861,866	219,796	257,407
January	10,044	6,682	1,062	2,300	2,386,833	1,906,452	222,493	257,888
1981								
December	10,082	6,734	975	2,373	2,382,079	1,913,953	202,947	265,179
November	10,078	6,742	965	2,371	2,377,963	1,914,066	200,038	263,859
October	10,141	6,815	963	2,363	2,394,017	1,932,782	199,356	261,879
September	10,236	6,950	884	2,402	2,415,447	1,967,890	181,906	265,651
August	10,349	7,059	894	2,396	2,447,759	2,003,034	182,335	262,390
July	10,388	7,109	892	2,387	2,461,502	2,022,441	179,227	259,834

* For data prior to July 1981, see Appendix B, Table V and VI, and previous reports of the Division of Family Services.

Applications (Table 15)

Application activity declined as there were 1,515 fewer applications received in the fiscal year than the previous one. Total applications disposed of was 1,484 applications lower than in the prior year with the number of approvals down by 1,325 and the number of denials down by 159. The number of applications left awaiting disposition in June 1982 was 376 which was 43 less applications than in June 1981.

Table 15. Applications of Supplemental Nursing Care Received, Disposed of, and Awaiting Disposition at End of Month, July 1981-June 1982*

Month	Number of Applications Received	Applications Disposed of			Number of Applications Awaiting Disposition at end of Month°
		Total	Number Approved for Assistance	Number Denied or Disposed of for Other Reasons**	
TOTAL	4,704	4,732	3,270	1,462	XXXXX
1982					
June	392	398	262	136	376
May	444	318	182	136	381
April	326	361	262	99	334
March	377	419	284	135	293
February	341	309	220	89	343
January	347	383	247	136	318
1981					
December	418	435	328	107	353
November	380	352	251	101	358
October	406	422	291	131	356
September	419	450	328	122	374
August	406	424	287	137	385
July	448	461	328	133	423

* For monthly data prior to July 1981, see Annual Report for Division of Family Services 1980-1981, p.32.

** Includes such reasons as death, change of residence, and voluntary withdrawal (see Table 17).

° Figure usually does not agree with number carried over as pending at first of following month due to adjustment of previous figures.

Openings (Table 16)

With the decrease in the number of approvals in the year, the openings by reason showed that all reasons accounted for fewer openings than in the prior year and there was only a small change in the categories accounting for the reasons for opening. The percentage of openings for resources exhausted decreased by 6.2 percent and the percentage of openings for illness or disablement increased by 6.2 percent.

Table 16. Cases Opened for Supplemental Nursing Care by Reason for Opening, July 1981-June 1982

Reason for Opening	Number	Percent
TOTAL	3,270	100.0
Change in economic circumstances because of:		
Loss of employment benefits to persons in home	2,527	77.3
Illness or disablement	1,850	56.6
Lay-off, discharge, or other reason	1	*
Resources exhausted	671	20.5
Loss or reduction of income from outside the home	3	0.1
Other loss of income	2	0.1
No material change in economic circumstances	743	22.7
Transfer from other assistance	504	15.4
Alternate care placement	48	1.5
Institutionalized	18	0.6
Other	173	5.2

* Less than one-tenth of one percent.

Rejections (Table 17)

Except for the overall decline in the number of rejections, there was few significant differences between the 1981-82 fiscal year and the 1980-81 fiscal year in the categories accounting for the rejection of applications. Ineligibility because of sufficient income or resources accounted for 31.0 percent of all the rejections in the year, ineligibility reasons other than sufficient need accounted for 14.0 percent and rejection for reasons other than eligibility points accounted for 55.0 percent. The percentages in the prior year for these categories were 36.3 percent, 4.9 percent, and 58.8 percent, respectively. So the largest change from the previous year was in the ineligibility for eligibility reasons other than insufficient need which was an increase of 9.1 percentage points.

Table 17. Applications Denied or Otherwise Rejected for Supplemental Nursing Care, by Reason for Rejection, July 1981-June 1982

Reason for Rejection	Number	Percent
All Applications Rejected	1,462	100.0
Ineligible because of sufficient income or resources	453	31.0
Available resources of applicant	385	26.4
Earnings of applicant and others in home	53	3.6
Receipt of Veterans Benefits, employer pension or other public assistance	15	1.0
Ineligible for reasons other than insufficient need	204	14.0
Failure to furnish necessary information or comply with agency policy	62	4.2
Admitted to institution	7	0.5
Disability requirements not established	135	9.3
Rejected for reasons other than points of eligibility given above	805	55.0
Voluntarily withdrew application	120	8.2
Died prior to approval	63	4.3
To receive another type of assistance	84	5.7
Moved out of state or could not be located	19	1.3
Transfer of property	40	2.7
All other reasons	479	32.8

Closings (Table 18)

Closings decreased in the fiscal year by 278 closings over the prior year with the number of closings having decreased for all reason categories except obtainment of employment or increased earnings by either recipient or others in household and other economic reasons and all other reasons for loss of eligibility, which increased 3.3 and 4 percent, respectively. The category of moved out of state had a very slight increase of 0.3 percent.

Table 18. Number of Supplemental Nursing Care Cases Closed by Reason for Closing, July 1981-June 1982

Reason for Closing	Number	Percent
All Cases Closed	3,802	100.0
Death	2,247	59.1
Decreased need:		
Obtainment of employment or increased earnings by either recipient or others in household and other economic reasons*	374	9.8
Loss of eligibility for specified reasons other than decreased need:		
Admitted to institution	50	1.3
Moved out of state or could not be located	147	3.9
Voluntary request of discontinuance	64	1.7
All other reasons for loss of eligibility**	457	12.0
All other reasons including receipt of other types of aid	463	12.2

* Includes increased support from persons outside household, and other resources of recipients, spouse, and other persons in household, which lessened need.

** Transfer of property or cash to become eligible, does not meet citizenship requirement and transferred to other assistance.

SUPPLEMENTAL AID TO THE BLIND

Supplemental Aid to the Blind was initiated January 1, 1974, and is financed entirely through State funds. This program provides financial aid to needy blind persons over age 18 who are unable to support themselves, who live in Missouri, who have less than $2,000 in personal property including cash, negotiable securities, and real property other than the home in which they live (or $4,000 if married and living with spouse) and who meet other requirements as set by law. Effective October 1981, payments were raised from $175 to $200 per month. These payments cannot exceed that amount unless the claimant is in an intermediate care facility in which the maximum payment is $300.

Recipients and Payments (Table 19)

Although there was a drop in the last three fiscal years, the number of Supplemental Aid to the Blind recipients has been fairly stable in the past three fiscal years. In the 1979-80 fiscal year, the difference between the number of recipients in the first month and the last month was only two recipients. In the 1980-81 fiscal year, the difference between the average monthly recipients in the first six months and the last six months was only six recipients. In the 1981-1982 fiscal year, the difference between the first month and the last was 92 recipients with the largest drop in the number of recipients (79 percent) occurring between July and August 1981.

Because of the drop in recipients, the amount of total payments for the year was $57,456 less than the prior year while the average payment per recipient increased $19.84 from the end of the prior year.

Table 19. Number of Recipients and Amount of Payments for Supplemental Aid to the Blind, July 1981-June 1982*

Month	Number of Recipients	Amount of Payments	
		Total	Average Per Recipient
TOTAL	XXX	1,172,557	XXXXXX
1982			
June	601	97,839	162.79
May	608	99,058	162.92
April	616	100,672	163.43
March	618	100,471	162.57
February	608	98,829	162.55
January	619	100,371	162.15
1981			
December	625	101,759	162.81
November	616	100,932	163.85
October	624	102,311	163.96
September	615	85,479	138.99
August	620	86,427	139.40
July	693	98,409	142.00

* For data prior to July 1981, see Appendix B, Table IV and V and previous reports of the Division of Family Services.

Applications (Table 20)

Total applications received and total applications disposed of were 104 and 47 lower than the previous year. The number of approvals in the year was 58 approvals less than the prior year and the number of rejections increased by 11. The average number of applications per month waiting for disposition was 84 which was 14 applications lower than the prior year's average.

Table 20. Applications for Supplemental Aid to the Blind Received, Disposed of, and Awaiting Disposition at End of Month July 1981-June 1982*

Month	Number of Applications Received	Applications Disposed of Total	Number Approved for Assistance	Number Denied or Disposed of for Other Reasons**	Number of Applications Awaiting Disposition at end of Month°
TOTAL	811	844	144	700	XXXXX
1982					
June	74	63	5	58	88
May	52	67	14	53	78
April	55	64	10	54	78
March	87	67	16	51	77
February	47	72	10	62	59
January	67	69	13	56	82
1981					
December	63	73	17	56	85
November	70	50	4	46	92
October	60	84	15	69	73
September	76	76	11	65	93
August	85	88	18	70	97
July	75	71	11	60	103

* For monthly data prior to July 1981, see Annual Report for Division of Family Services 1980-81, p. 36.

** Includes such reasons as death, change of residence and voluntary withdrawal.

° Figure does not always agree with number carried over as pending at first of following month due to adjustment of previous figures.

Openings (Table 21)

Openings because of illness or disablement were 52 openings fewer than in the previous year and its percentage of occurrence as the reason for opening was 1.4 percentage points lower. The illness or disablement category accounted for 84.7 percent of the total openings in the year while in the prior year it accounted for 86.1 percent of the total. The resources exhausted reason for opening accounted for 0 percent of openings and in the previous year it accounted for 1.5 percent.

Table 21. Cases Opened for Supplemental Aid to the Blind By Reason for Opening, July 1981-June 1982

Reason for Opening	Number	Percent
TOTAL	144	100.0
Change in economic circumstances because of:		
Loss of employment benefits to persons in home		
Illness or disablement	122	84.7
Lay-off, discharge or other reason	-	
Resources exhausted	-	
No material change in economic circumstances		
Transfer from other assistance	14	9.7
Other	8	5.6

Rejections (Table 22)

Reasons for rejection of an application are classified into three general categories. Eligibility criteria is divided into an income or resource eligibility category and an eligibility other than income or resource reasons category. The third category is reasons other than eligibility criteria. Rejections on the basis of eligibility criteria accounted for 78.4 percent of total rejections. There were 25 less rejections because of income or resource ineligibility than in the previous year while ineligibility for reasons other than income or resource ineligibility remained constant. There were 36 more rejections because of reasons other then eligibility criteria.

Table 22. Applications Rejected for Supplemental Aid to the Blind, by Reason for Rejection, July 1981-June 1982

Reason for Rejection	Number	Percent
All Applications Rejected	700	100.0
Ineligible because of sufficient income or resources	255	36.4
Available resources	68	9.7
Other income of applicant	187	26.7
Ineligible for reasons other than insufficient need	294	42.0
Vision in excess of statutory limitations	271	38.7
Failure to furnish necessary information	23	3.3
Rejected for reasons other than points of eligibility given above	151	21.6
Voluntarily withdrew application	29	4.2
Died prior to approval	3	0.4
Moved out of state or unable to locate	5	0.7
All other reasons	114	16.3

Closings (Table 23)

Closings numbered 277 for the year with 74.0 percent of the closings resulting from death or decreased need. There were 48 less closings than in the prior year and the death and decreased need categories accounted for 47 of the decreased 48 closings or 97.9 percent.

Table 23. Number of Supplemental Aid to the Blind Cases Closed by Reason for Closing, July 1981-June 1982

Reason for Closing	Number	Percent
All cases closed	277	100.0
Death	86	31.0
Decreased Need:		
Obtainment of employment or increased earnings by either recipient or others in household and other economic reasons	119	43.0
Loss of eligibility for specified reasons other than decreased need:		
Voluntary request of discontinuance	6	2.2
Could not be located	21	7.6
All other reasons for loss of eligibility*	12	4.3
All other reasons including receipt of other types of aid	33	11.9

* Includes such reasons as vision wholly or partially restored and refusal after acceptance to comply with agency policy.

STATE SUPPLEMENTATION FOR ADULT RECIPIENTS

The Federal Supplementary Security Income (SSI) program, Administered by the Social Security Administration, was established by the Social Security Amendments of 1972, which became effective January 1, 1974. The Supplemental Security Income program was created to replace the Federal-State public assistance programs for the aged, blind and disabled. Subsequent amendments required supplementation of basic Federal Supplementary Security Income payments in certain situations.

State supplementation was required under Federal law in order to assure adults on the public assistance rolls in December 1973 that they would not suffer any loss of income from their December 1973 income levels.

Recipients and Payments (Table 24 and 25)

The supplemental cases consist of two groups: those that receive both SSI and State Supplementation and those that receive state supplementation only. In June 1982, there were 14,971 recipients from the SSI-SP group, a decrease of 2,612 recipients from the previous June. Of the 2,612 recipients no longer receiving aid at the end of the year, 2,298 were former old age recipients, 233 were former recipients of the aid to disabled program, 80 were former aid to the blind recipients, and 1 from general relief. Total payments for the year decreased $918,213 and the average payment per recipient increased 49 cents from June 1981 to June 1982.

The second group of supplemental cases are those ineligible for SSI and therefore supplemented entirely from state funds. In June 1982, there were 5,830 recipients. This was a 741 recipient decrease from the prior June. The 741 recipient decrease was made up of 521 former old age recipients, 122 former aid to the disabled recipients, and 98 former aid to the blind recipients. The decrease in total payments was $386,407 from the prior year and the average payment per recipient increased 19 cents to the June 1982 figure of $48.67.

Table 24. Number of Recipients and Amount of Payments for Adult Programs Converted to SSI-SP, July 1981-June 1982*

Month	Number of SSI-SP Recipients	Adult Program Recipients				Amount of Payments	
		OAA	PTD	AB	GR	Total	Average Per Recipient
TOTAL	XXXXXX	XXXXXX	XXXXX	XXX	XX	5,933,872	XXXXX
1982							
June	14,971	12,369	2,113	483	6	462,883	30.92
May	15,155	12,522	2,136	491	6	468,713	30.93
April	15,372	12,709	2,165	492	6	475,104	30.91
March	15,536	12,862	2,172	496	6	479,925	30.89
February	15,734	13,022	2,200	506	6	486,186	30.90
January	15,963	13,232	2,221	504	6	492,761	30.87
1981							
December	16,176	13,439	2,226	505	6	498,243	30.80
November	16,356	13,586	2,255	509	6	503,600	30.79
October	16,570	13,779	2,269	516	6	510,531	30.81
September	16,852	14,022	2,303	521	6	508,963	30.20
August	17,192	14,331	2,318	537	6	519,562	30.22
July	17,388	14,507	2,325	549	7	527,401	30.33

* For data prior to July 1981, see Appendix B, Table V and VI, and previous reports of the Division of Family Services.

Table 25. Number of Recipients and Amount of Payments for Adult Programs Converted to SP, July 1981-June 1982*

Month	Number of Recipients	Adult Program Recipients OAA	PTD	AB	Amount of Payments Total	Average Per Recipient
TOTAL	XXXXX	XXXXX	XXXXX	XXX	3,635,759	XXXXX
1982						
June	5,830	4,450	1,088	292	283,748	48.67
May	5,920	4,520	1,103	297	288,235	48.69
April	6,006	4,578	1,111	317	294,636	49.06
March	6,049	4,602	1,125	322	296,762	49.06
February	6,090	4,631	1,134	325	299,136	49.12
January	6,158	4,677	1,148	333	302,313	49.09
1981						
December	6,245	4,742	1,157	346	308,234	49.36
November	6,308	4,782	1,173	353	311,745	49.42
October	6,364	4,830	1,175	359	314,490	49.42
September	6,416	4,867	1,181	368	309,235	48.20
August	6,447	4,885	1,189	373	310,624	48.18
July	6,521	4,929	1,201	391	316,601	48.55

* For data prior to July 1981, see Appendix B, Table V and VI, and previous reports of the Division of Family Services.

FAIR HEARINGS AND APPEALS

Under provisions of the Social Security Law, any decision of a county family service office with whom a public assistance applicant or recipient is having a grievance, may be appealed. The following are the reasons for which an applicant may appeal: denial of his application, discontinuance of payment, or the amount of payment for which the applicant is determined to be eligible within 90 days from the date of the termination by the family services county office, or on the basis of unreasonable delay in action at any time. The appeal is submitted from the county office to the Director of the Division of Family Services. After the appeal is filed, and a hearing scheduled, it is held in the county of the appellant's residence. The Director of Family Services either reverses or upholds the action of the county family services office on the basis of a record of all testimony that is made and preserved. Due to an appeal hearing procedure introduced in March 1975, all predetermination appeals are state level hearings.

In Fiscal Year 1981-82, a total of 3,451 appeals were filed as shown in Table 26. In the preceding fiscal year, 3,351 appeals were filed, 3 percent fewer than in the current fiscal year. Including the 467 cases carried over from the preceding fiscal year, there was a total of 3,918 pending dispositions during the year. In Fiscal Year 1981-82, a total of 3,679 were disposed of, an increase of 601 or 19.5 percent from the previous fiscal year. Hearings were held in 2,033 appeals, which is 419 or 26 percent more than during the previous year. The county office decision was reversed 604 times and affirmed and sustained in 1,429 cases. Total cases pending at the close of the year were 239 which is nearly half of last year's number of 467.

Table 26. Appeals and Fair Hearings, July 1, 1981-June 30, 1982

Item	Number
Total beginning of year	467
Number added during year	3,451
Total open during year	3,918
Total disposed of during year	3,679
Hearings held during year	2,033
Affirmed (Sustained)	1,429
Reversed	604
Withdrawn	558
Dismissed	1,088
Total pending end of year	239

FOOD STAMP PROGRAM

The Food Stamp Program is a nationwide program that helps low income families buy food they need for good health. The program is authorized by Congress, administered nationally by the United States Department of Agriculture's Food and Nutrition Services, and is directed by the State Division of Family Services and their local offices. Administrative costs are shared by Federal and State governments.

Members of participating households receive an allotment of food coupons based on the United States Department of Agriculture's "economy diet". This allotment is adjusted semiannually according to the United States Department of Labor's analysis of the cost of food.

The household may use its coupons in any grocery store, anywhere in the United States that has been authorized by the United States Department of Agriculture Food and Nutrition Service to accept coupons. The coupons may be used as cash to purchase food and products prepared for human consumption except alcoholic beverages and tobacco. They may also be used to buy seeds and plants for use in gardens to produce food for personal consumption of the household. All participating households, except those located in Jackson, St. Louis County, and St. Louis City, receive their coupons by direct mail issuance from State Office. Participating households in Jackson, St. Louis County and St. Louis City receive an Authorization to Participate card (ATP). They may redeem their ATP card for their coupon allotment at county issuing offices or participating banks.

The Food Stamp Program differs from other income programs in that it is a hunger program based mainly on adjusted monthly income rather than a poverty program based on property maximum and need determination. Households are not required to adjust their standard of living in order to participate. The Food Stamp Program primarily serves single persons or families and unrelated persons rather than unrelated groups.

Eligibility requirements of the Food Stamp Act and 1980 Amendments to the Act are as follows: The Food Stamp Act requires that participation be "limited to those households whose income and other financial resources held singly or joint ownership are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet". The standards are established by law and apply to all households applying for program benefits. Each household member aged 18 through 59 who is not exempt must register for work at the time of application and meet work registration and job search requirements. Strikers must also meet all eligibility requirements prior to the strike before they can receive food stamps.

During the 1981-82 Fiscal Year, a total of $185,437,545 in Food Stamps were distributed, an increase of $12,361,950 over last year's total. The June 1982 average value per person was $40.22 a decrease from the previous June value by $1.65. As shown in Table 27, the number of households participating decreased from 138,801 to 135,571 during the fiscal year, representing a decrease of 2.4 percent. As of June 1982, there were 37,955 income maintenance households, and 97,616 non-income maintenance households, together constituting 135,571 households. During this fiscal year there was a 22.2 percent decline in the number of income maintenance households and an increase of 8.5 percent in the non-income maintenance households compared to the previous fiscal year.

Table 27. Food Stamp Program, 1981 - 1982

	Total		Income Maintenance		Non-Income Maintenance		Total Dollar Value of Stamps	Average Value Per Person
Month	Households	Persons	Households	Persons	Households	Persons		
TOTAL	XXX,XXX	XXX,XXX	XX,XXX	XXX,XXX	XXX,XXX	XXX,XXX	185,437,545	XXXXX
1982								
June	135,571	379,336	37,955	115,656	97,616	263,680	15,258,671	40.22
May	135,964	381,539	38,284	116,972	97,680	264,567	15,104,129	39.59
April	140,210	395,007	39,208	119,937	101,002	275,070	15,766,688	39.91
March	142,486	402,445	39,982	122,925	102,504	279,520	16,355,337	40.64
February	138,928	391,717	40,118	123,674	98,810	268,043	15,834,407	40.42
January	136,450	381,853	41,092	126,537	95,358	255,316	15,201,383	39.81
1981								
December	135,219	375,051	42,622	130,554	92,597	244,497	15,065,512	40.17
November	132,216	363,945	43,994	134,211	88,222	229,734	14,624,457	40.18
October	134,144	365,928	46,690	141,827	87,454	224,101	14,827,155	40.52
September	138,978	377,737	48,072	145,667	90,906	232,070	15,671,206	41.49
August	139,006	377,504	47,844	145,060	91,162	232,444	15,847,221	41.98
July	138,801	376,279	48,804	149,720	89,997	226,559	15,881,379	42.21

FOOD DISTRIBUTION PROGRAM

Under price support and surplus removal, USDA purchases commodities for donation to specific recipient groups. In Missouri, the Division of Family Services administers the distribution of those foods donated to "non-school programs". This includes Charitable Institutions, Non-Profit Summer Camps for Children, Residential Child Care Institutions, and Title III programs for the elderly.

This year, a new dimension was added to the Food Distribution Program by the Special Distribution of dairy products. This was highlighted by the distribution of American Process Cheese to needy families and individuals for households consumption. It also included distribution of cheese and other dairy products to Child Care Food Program and County Jails.

The following is a categorical breakdown of program activities during FY-1982:

RECIPIENT GROUP	NUMBER OF AGENCIES	PARTICIPANTS	USDA COST
Charitable Institutions	286	13,969	$2,932,218
Non-Profit Summer Camp For Needy Children	147	18,738	211,821
Residential Child Care Institutions	37	1,495	163,000
Title II NPE	10	19,487	596,872
Child Care Food Program	94	9,326	265,760
Special Cheese Distribution for Needy Households	18	768,275	4,109,106
TOTAL	592	831,290	$8,278,776

The recipient groups indicated above represent public and private non-profit agencies. These agencies perform charitable and public welfare purposes by serving needy persons. The programs they sponsor may include nursing homes, general hospitals, orphanages, juvenile detention centers, half-way houses, elderly feeding sites and non-profit camps for children.

As in past years, the number of sponsors, participants and dollar value of USDA donated foods has increased. While the major impact was made by the special distribution of dairy products, the growth pattern of other categorical groups has continued to grow. This is particularly true of charitable institutions which have experienced an increase of about one-third. Over 50 percent of the food purchased for donation to

Charitable Institutions was utilized by agencies in State Government, including the Department of Corrections, Department of Mental Health and the Department of Social Services.

INCOME MAINTENANCE STAFF DEVELOPMENT UNIT

The Division of Family Services has a full-time Income Maintenance Staff Development Unit within the Field Operations Section, under the supervision of the Deputy Director of Field Operations. This unit is responsible for responding to the training needs of all levels of Income Maintenance staff within the Division. The Income Maintenance Staff Development Unit consists of three regional training centers, which are located, along with the Social Services Staff Development Unit, in the following areas: Central Region Training Center--Jefferson City; Eastern Region Training Center--St. Louis; and Western Region Training Center--Kansas City. Staff Development Specialist I's in each of these regional training centers are supervised by a Staff Development Specialist III, all of whom are under the supervision of the Staff Development Supervisor, located in Central Office in Jefferson City.

The Income Maintenance Staff Development Unit conducts three-week Basic Orientation Training sessions for new Income Maintenance Caseworkers. The Basic Orientation Training program acquaints the new Caseworker with the Division and the Income Maintenance programs it administers, and prepares him to function within the Agency.

Another major responsibility of the Income Maintenance Staff Development Unit is the development and presentation of ongoing training for Income Maintenance Caseworkers, Income Maintenance Supervisors, and clerical staff. This training is designed to provide current information on program and policy changes, and to improve Agency functioning. In-service training is offered to large numbers of employees on a wide variety of topics.

In addition to the above, management training is provided to improve supervisors' leadership skills and to enable them to develop the performance of their supervisees. Based on recognized management theories, the training designed and provided for the Income Maintenance Supervisor is geared to specific program needs.

The three offices of the Income Maintenance Staff Development Unit utilize varied training techniques to provide uniform training statewide, yet maintain a degree of flexibility which enables them to individualize their training to meet the needs of all levels of Income Maintenance staff in all areas of the State of Missouri.

The production and purchase of videotapes, on a wide variety of Income Maintenance topics, has increased this year. These videotapes are used by the Staff Development Specialists in formal training sessions, and are also available to the Regional Offices and County Offices for their use in providing supplemental training on specified topics.

PART IV*

MEDICAL SERVICES

The Seventy-fourth General Assembly enacted legislation establishing a medical services program under provisions of Title XIX of the Federal Social Security Act. This program, popularly known as Medicaid, became effective in October 1967. It provides the following medical services to all recipients of public assistance and to certain other eligible persons:

(1) Physicians' Services
(2) Prescription Drugs
(3) Dental Services
(4) Inpatient Hospital Care
(5) Outpatient Hospital Care
(6) Intermediate Nursing Home Care
(7) Skilled Nursing Home Care
(8) X-ray and Laboratory Services
(9) Emergency Ambulance Services
(10) Home Health Care Services
(11) Optometric Services
(12) Clinic Care
(13) Durable Medical Equipment
(14) Audiology Services
(15) Podiatry Services
(16) Rehabilitation Center Services
(17) Family Planning, including Voluntary Sterilization Services
(18) Early and Periodic Screening, Diagnosis, and Treatment of Recipients Under age 21
(19) Buy In - the Payment of Supplemental Insurance Costs for those eligible under the Federal Medicare Program
(20) Intermediate Care Facilities for the Mentally Retarded State Institution
(21) ICF-Mentally Retarded-Community Based

The Medicaid program is administered by the Medical Services Section of the Missouri Division of Family Services, which works closely with the Federally administered Medicare Program. The Missouri Medical program is a vendor program with payments made only to the providers of services who have signed an agreement of participation in the Medicaid Program. This agreement requires vendors to accept the Division of Family Services payment as full and final and they are not permitted to collect any partial payment from a recipient or a recipient's family with the exception of co-pay or coinsurance amounts.

Each recipient receives a monthly identification card which is presented to the participating provider of medical services. The

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* Data for FY-81 does not correspond to data published in the previous annual report do to a change in the database. FY-81 and FY-82 data contained in this report comes from the Medical Services Standard Data Set.

Table 28. Medical

	Total All Programs	Aged	Aid to Families with Dependent Children	Disabled
TOTAL	451,459,392	184,099,902	104,423,204	131,064,917
Physicians' Services	29,757,412	4,960,266	15,671,645	6,368,702
Drugs	28,306,592	13,833,901	4,783,711	8,289,394
Dental	10,343,979	1,075,888	7,194,693	1,403,504
Inpatient Hospital	118,806,112	9,766,691	56,055,011	33,821,305
Outpatient Hospital	26,377,684	4,527,579	14,683,189	4,474,370
Intermediate Care Facility	152,519,530	131,022,864	15,219	19,100,208
Skilled Nursing Facility	3,401,916	2,611,772	---	702,778
X-ray and Laboratory	2,443,101	693,918	956,558	637,239
Ambulance	667,210	254,334	184,055	161,202
Home Health	1,052,606	151,324	49,956	753,806
Optometric	2,681,543	737,059	1,214,086	594,544
Clinic	2,972,914	463,427	1,167,236	581,538
Durable Medical Equipment	1,568,956	348,526	181,153	887,392
Audiology	530,196	379,058	31,288	92,011
Podiatry	180,692	90,253	41,367	40,477
Rehabilitation Center	502,940	419,692	2,065	67,318
Family Planning	1,616,018	1,115	1,506,955	55,094
Early and Periodic Screening Diagnosis, and Treatment	301,151	---	275,977	223
Buy In	4,797,024	4,079,233	7,674	568,838
State Institutions	60,813,096	7,625,962	401,366	51,703,294
Intermediate Care Facility-Mentally Retarded Community Based	1,818,720	1,057,040	---	761,680

provider bills the Division of Family Services directly for payment for the care of a Medicaid only eligible person. If, however, a service is provided to a recipient that is eligible for Medicare payment, the bill is first processed by a Social Security Administration intermediary and then forwarded to the Division of Family Services for payment of the deductible and coinsurance costs.

Expenditures for Medical Services during Fiscal Year 1981-82 totaled $451,459,392 (Table 28). This figure for total expenditures represents an increase of $21.3 million (5.0 percent) over the prior fiscal year.

Expenditures by Service and by Program,
July 1981-June 1982

General Relief	Blind	Blind Pension	Child Welfare Services-Foster Care	Unborn Children	Medical Assistance Under 18	Refugee
17,936,573	3,777,291	987,014	3,375,333	3,984,524	1,052,432	758,202
1,372,880	204,000	57,233	381,990	659,506	150	81,040
692,190	402,291	157,923	89,711	38,313	---	19,158
239,989	45,530	18,443	187,772	39,591	---	138,569
13,011,868	569,034	281,290	2,052,247	2,845,169	---	403,497
1,617,051	154,789	117,296	457,526	273,299	28	72,557
42,153	2,054,604	284,482	---	---	---	---
400	75,600	11,366	---	---	---	---
90,960	15,861	4,095	15,424	21,226	123	7,697
45,655	6,635	3,077	4,142	6,758	---	1,352
72,907	14,065	4,960	4,518	873	---	197
64,451	10,309	5,061	34,880	9,535	21	11,597
536,271	21,033	29,965	95,277	62,638	43	15,486
113,668	14,211	6,527	13,316	4,163	---	---
9,293	12,248	2,843	3,115	21	---	319
5,161	2,373	448	613	---	---	---
6,492	2,655	1,736	2,982	---	---	---
14,956	1,115	269	8,489	23,407	---	4,618
228	---	---	22,583	25	---	2,115
---	140,531	---	748	---	---	---
---	30,407	---	---	---	1,052,067	---
---	---	---	---	---	---	---

Of the $451.5 million expended for medical services during the fiscal year, $184.1 million (40.8 percent) was spent for aged recipients, $104.4 million (23.1 percent) for recipients of Aid to Families with Dependent Children (AFDC), $131.1 million (29.0 percent) for persons receiving disability benefits, $17.9 million (4.0 percent) for General Relief recipients, $4.8 million (1.06 percent) for persons receiving Aid to the Blind and Blind Pension benefits, $3.3 million (.75 percent) for recipients of Child Welfare Services-Foster Care, $4.0 million (0.9 percent) for persons receiving Unborn Children benefits, and $.8 million (0.2 percent) for persons receiving refugee assistance.

Concerning the 23 services offered through Medical Services, nursing care provided at Intermediate Care Facilities and Inpatient Hospital services constituted the two largest sources of expenditures. The total cost of services rendered at Intermediate Care Facilities in

Missouri was $152.5 million or 34 percent of the total cost while Inpatient Hospital services accounted for $118.8 million or 26 percent of the total cost. Services to persons in Intermediate Care Facilities are not covered under the Medicare program. The Community Based - ICF-MR category was added this year.

Table 28A compares the increase/decrease in expenditures for the various services from Fiscal Year 1981 to Fiscal Year 1982. The largest increases in expenditures were in Intermediate Care Facilities, up by $25.6 million.

Table 28A. Comparison of Medical Expenditures for FY 1981 and FY 1982

Services	FY 1981	FY 1982	Increase/Decrease Over FY 1981
Physicians' Services	24,249,847	29,757,412	5,507,565
Drugs	31,879,268	28,306,592	(3,572,676)
Dental Services	13,684,289	10,343,979	(3,340,310)
Inpatient Hospital	116,652,005	118,806,112	2,154,107
Outpatient Hospital	18,395,116	26,377,684	7,982,568
Intermediate Care Facility	126,871,251	152,519,530	25,648,279
Skilled Nursing Care	4,482,539	3,401,916	(1,080,623)
X-ray and Laboratory	1,053,297	2,443,101	1,389,804
Ambulance Service	651,478	667,210	15,732
Home Health Services	971,660	1,052,606	80,946
Optometric Services	3,726,625	2,681,543	(1,045,082)
Clinic Services	7,591,103	2,972,914	(4,618,189)
Durable Medical Equipment	971,866	1,568,956	597,090
Audiology	887,709	530,196	(357,513)
Podiatry	183,476	180,692	(2,784)
Rehabilitation	282,709	502,940	220,231
Family Planning	1,985,466	1,616,018	(369,448)
Sterilization	-	-	-
Early and Periodic Screening	867,344	301,151	(566,193)
Buy In	6,647,144	4,797,024	(1,850,120)
State Institution	66,175,159*	60,813,096*	(5,362,063)
Intermediate Care Facility-Mentally Retarded Community Based	1,898,520*	1,818,720*	(79,800)
TOTAL	430,107,871	451,459,392	21,351,521

* Payments for ICF-MR State Institution and ICF-MR Community Based include payments made by Mental Health as well as Family Services.

A total of 479,598 different individuals were eligible to receive medical services during the fiscal year, of which 225,945 (47.1 percent) were under 21 years of age. In comparison to Fiscal Year 1981, this was a decline of 5,559 (1.1 percent) in total individuals eligible during the year and a slight decline (322) in the under age 21 group.

The overall cost per eligible per year was $941.33 and $78.44 per month. These figures represent an increase of $58.46 per eligible per year and $4.87 per eligible per month compared with the prior fiscal year.

In previous Annual Reports, the overall cost was figured on the user count rather than the medicaid eligible persons. Since the unduplicated user count is not available for Fiscal Year 1982, the medicaid eligible person total is being used to compute average costs and comparison with Fiscal Year 1981. Average Cost computation using eligible persons instead of users will be much lower because not all persons eligible for the medical services have used them during the fiscal year.

Month	Expenditures*	Recipient Utilization*	Eligibles*
1982			
June	38,035,266	156,205	289,370
May	37,997,343	143,782	292,315
April	36,115,209	137,262	295,064
March	35,581,132	133,776	294,475
February	38,512,007	149,966	295,505
January	33,386,588	131,787	295,972
1981			
December	44,937,178	159,945	297,636
November	35,500,772	157,105	296,779
October	37,030,317	163,159	298,597
September	40,597,750	166,407	317,709
August	36,198,277	152,858	318,744
July	37,567,553	153,701	318,511

* Includes Mental and T.B. Hospital, ICF-MR and Buy-In.

Each of the various services available to clients under Missouri's medical assistance program are described in the following sections. For each of the services, a description of the service is presented along with a table showing statistics relating to the cost and number of persons served. The cost and recipient data are presented by assistance program making it possible to compare the utilization of the service across assistance programs.

PHYSICIANS' SERVICES

As of June 1982 a total of 11,425 physicians, 10,048 M.D.'s and 1,377 D.O.'s in Missouri and adjoining states were signed up to participate in the Medical Assistance program.

During Fiscal Year 1982, the average monthly number of persons served decreased 4,178 (7.2 percent) compared to Fiscal Year 1981. The average cost per person per month was $46.33. This figure represents a $11.30 increase (32.26 percent) over the preceding fiscal year. Comparing the increase in cost to the percent decrease in recipients, it becomes apparent that the average cost of physicians' services increased even though the number of users dropped during Fiscal Year 1982 and the total cost increased by $5,507,565.

Concerning the users of physicians services, AFDC recipients constituted the largest group averaging 50.3 percent of the persons served per month. The aged, the next largest group comprised 27.7 percent of the average served. These and similar data are presented by program in Table 29.

Table 29. Number of Recipients Receiving Physicians' Services by Assistance Program, July 1981-June 1982

Program	Average Number of Persons Served Per Month	Total Cost	Average Cost Per Person Per Month
TOTAL	53,516	29,757,412	46.33
Aged	14,818	4,960,266	27.89
Aid to Families with Dependent Children	26,918	15,671,645	48.51
Disabled	8,814	6,368,702	60.21
General Relief	1,249	1,372,880	91.59
Blind	433	204,000	39.26
Blind Pension	119	57,233	40.07
Child Welfare Services-Foster Care	599	381,990	53.14
Unborn Children	445	659,506	123.50
MA - Under 18	-	150	-
Refugee	121	81,040	55.81

Payments for physicians' services were made directly to the physician by the Division of Family Services for services rendered to recipients who did not have Medicare coverage. Physicians' Services for persons under both Medicare and Medicaid were paid by a combination of Supplementary Medical Income (Title XVIIIB of the Social Security Act) and direct payment to the physician of the deductible and coinsurance charges by the Division of Family Services.

INPATIENT HOSPITAL SERVICES

There were 1,151 hospitals inside and outside of Missouri participating in the hospital care program as of June 1982.

The Medicaid Program pays for medically necessary inpatient hospital care with certain limitations on the coverage of the length of stay. Medicare Part A, the Division of Family Services pays directly to the hospital the deductible and coinsurance charges up to the limitation in effect. During the 1981-82 fiscal year, these changes were put into effect as of January 1982: the inpatient hospital deductible was raised from $260 to $304 per benefit period; the inpatient hospital coinsurance was raised from $65 to $76 per day; the coinsurance lifetime reserve was raised from $130 to $152 per day. The Title XIX medical program will make the hospital payment for the maximum number of days covered by Title XIX if hospitalization is medically necessary after these insurance benefits are exhausted. The Division of Family Services reimburses hospitals for Title XIX covered service on a per diem rate basis.

During the fiscal year, a total monthly average of 8,621 persons were admitted to participating hospitals for a total of 501,744 days of hospital care. The number of average persons showed a decrease of 2,034 persons (19.0 percent) and total days paid showed a decrease of 52,822 days (9.5 percent) over the previous fiscal year. The total cost of inpatient hospital services for Fiscal Year 1982 was $118,806,112. This number represents a $2,154,107 (1.85 percent) increase over Fiscal Year 1981. These data are illustrated in Table 30.

Table 30. Number of Recipients Receiving Inpatient Hospital Services by Assistance Program, July 1981-June 1982

Program	Total Days Paid	Total Cost	Average Number of Persons Per Month	Average Cost Per Day
TOTAL	501,744	118,806,112	8,621	236.79
Aged	39,103	9,766,691	1,995	249.77
Aid to Families with Dependent Children	249,020	56,055,011	4,106	225.10
Disabled	146,690	33,821,305	1,708	230.56
General Relief	43,843	13,011,868	385	296.78
Blind	2,298	569,034	69	247.62
Blind Pension	419	281,290	21	671.34
Child Welfare Services-Foster Care	6,616	2,052,247	61	310.19
Unborn Children	12,138	2,845,169	250	234.40
MA - Under 18	-	-	-	-
Refugee	1,617	403,497	26	249.53

By assistance program the total cost was highest for recipients of AFDC ($56,055,011) followed by the Disabled ($33,821,305) and Aged ($9,766,691). The cost was smallest for the blind recipients (Aid to the Blind $569,034, Blind Pension $281,290) and Refugees ($403,497).

PRESCRIPTION DRUGS

Participating in the drug program as of June 1982 were 1,494 pharmacies and dispensing physicians. A total of 3,599,659 prescriptions were filled at a cost of $28,306,592. The average number of persons per month receiving one or more prescriptions was 97,428.

The aged received 49.4 percent of the prescriptions (48.9 percent of the payments); the disabled received 26.7 percent of the prescriptions (29.3 percent of the payments); and AFDC recipients received 19.5 percent of the prescriptions (16.9 percent of the payments). The remaining six programs accounted for 4.4 percent of the total number of prescriptions and 4.9 percent of the total payments. The groups with the highest average payment per Rx were General Relief ($9.63), Child Welfare Services - Foster Care ($9.56), and Blind Pension ($9.00).

Table 31. Number of Recipients Receiving Prescription Drugs by Assistance Program, July 1981-June 1982

Program	Average Number of Persons Per Month	Number of Prescriptions	Total Payments	Average Payment Per Rx
TOTAL	97,428	3,599,659	28,306,592	7.86
Aged	39,774	1,778,032	13,833,901	7.78
Aid to Families with Dependent Children	31,402	701,083	4,783,711	6.82
Disabled	21,831	962,224	8,289,394	8.61
General Relief	1,953	71,866	692,190	9.63
Blind	1,160	50,611	402,291	7.95
Blind Pension	361	17,555	157,923	9.00
Child Welfare Service-Foster Care	480	9,380	89,711	9.56
Unborn Children	319	6,037	38,313	6.35
MA - Under 18	-	-	-	-
Refugee	148	2,871	19,158	6.67

The number of prescriptions filled decreased by 845,771 (19.0 percent) compared with the previous fiscal year. The decrease in the total payments amounted to $3,572,676, a 11.2 percent decrease over the last fiscal year.

DENTAL SERVICES

A total average of 14,016 persons received dental services at a total cost of $10,343,979 with 2,058 dentists participating as of June 1982. Both the number of average persons utilizing dental services and the costs involved decreased, the persons by 817 (5.5 percent) and the costs by $3,340,310 (24.4 percent). These data are presented in Table 32.

Table 32. Number of Recipients Receiving Dental Services by Assistance Programs, July 1981-June 1982

Program	Average Number of Persons Per Month	Total Payments	Average Cost Per Person Per Month
TOTAL	14,016	10,343,979	61.50
Aged	979	1,075,888	91.58
Aid to Families with Dependent Children	10,933	7,194,693	54.84
Disabled	1,383	1,403,504	84.57
General Relief	147	239,989	136.05
Blind	48	45,530	79.05
Blind Pension	17	18,443	90.41
Child Welfare Services-Foster Care	322	187,772	48.60
Unborn Children	54	39,591	61.10
MA - Under 18	-	-	-
Refugee	133	138,569	86.82

SKILLED NURSING FACILITIES

Skilled nursing care services are provided only to recipients 21 years of age or over who are certified by State Medical Consultant physicians as needing this type of care. As of June 1982, there were 260 nursing homes participating in Missouri's nursing home program. Of these, five were skilled nursing facilities only, 167 were intermediate care facilities only, and 88 were both skilled and intermediate nursing care facilities.

A total average of 468 persons per month received skilled nursing home care at a total cost of $3,401,916. Compared to the previous fiscal year, total costs decreased by $1,080,623 (24.1 percent), and the average number of persons receiving care decreased by 46 (9.0 percent). The aged and the disabled constituted the two largest subgroups of those receiving skilled nursing care. The aged accounted for 81.0 percent of the average users (76.8 percent of the cost) and the disabled accounted for 16.4 percent of the average users (20.7 percent of the cost).

The average per diem cost for skilled nursing care in Fiscal Year 1982 was $34.97. This figure represents a 11.6 percent increase over the previous fiscal year. The total days paid showed a decrease of 45,783 days (32.0 percent).

Table 33. Number of Persons Receiving Skilled Nursing Home Services and Expenditures by Program, July 1981-June 1982

Program	Total Days Paid	Total Cost	Average Number of Persons Per Month	Average Cost Per Day
TOTAL	97,271	3,401,916	468	34.97
Aged	74,278	2,611,772	381	35.16
Disabled	20,131	702,778	77	34.91
General Relief	11	400	-	36.36
Blind	2,330	75,600	9	32.45
Blind Pension	521	11,366	1	21.82

INTERMEDIATE CARE FACILITIES

This program provides vendor payments for nursing care when an individual is in need of more skilled care than that offered by practical nursing homes but does not fully require skilled nursing home care. The level of need is certified by a State Medical Consultant. As of June 1982, there were 167 nursing homes in Missouri classified as intermediate care facilities. Effective October 1975, the minimum age requirement for intermediate nursing care was 18 years.

A total average of 15,338 individuals per month received services in intermediate care facilities during the 1981-1982 fiscal year. These figures represent an increase of 1,147 (8.1 percent) in the average number of persons served each month. The total cost of the ICF program for the fiscal year was $152,519,530, represented an increase of $25,648,279 (20.2 percent) over the previous fiscal year. Along with the increase in the total cost of the program, the average cost per day increased by $2.94 (12.3 percent).

Of the total average number of persons served per month in intermediate care facilities (15,338) or 87.2 percent were aged, 11.4 percent were disabled, 1.4 percent were recipients of Blind Pension or Aid to the Blind, 0.03 percent were recipients of General Relief, and only one or .006 percent were recipients of AFDC.

Table 34. Number of Persons Receiving Services in Intermediate Care Facilities, and Expenditures, by Program, July 1981-June 1982

Program	Total Days Paid	Total Cost	Average Number of Persons Per Month	Average Cost Per Day
TOTAL	5,667,070	152,519,530	15,338	26.91
Aged	4,937,040	131,022,864	13,368	26.54
AFDC	317	15,219	1	48.01
Disabled	647,056	19,100,208	1,747	29.52
General Relief	1,508	42,153	4	27.95
Blind	68,898	2,054,604	190	29.82
Blind Pension	12,251	284,482	28	23.22

NOTE: Total exclusive of persons and payments for mentally retarded in Intermedicate Care Facilities.

OUTPATIENT HOSPITAL SERVICES

Although many different services are provided in hospital outpatient facilities, most can be classified as radiology. As of June 1982, 1,151 hospitals participated in the Outpatient-Inpatient care program. The total average number of individuals served during Fiscal Year 1981-82 was 32,555. The total cost for outpatient services was $26,377,684 and the average cost per patient per month was $67.52. Compared with the previous fiscal year, the average number of people served increased by 2,114 or 6.9 percent. Total expenditures increased by $7,982,568 or 43.4 percent over Fiscal 1981 expenditures for outpatient services.

Table 35. Number of Persons and Expenditures for Outpatient Hospital Services, July 1981-June 1982

Program	Average Number of Persons Per Month	Total Payments	Average Cost Per Person Per Month
TOTAL	32,555	26,377,684	67.52
Aged	4,919	4,527,579	76.70
Aid to Families with Dependent Children	20,615	14,683,189	59.36
Disabled	4,947	4,474,370	75.37
General Relief	974	1,617,051	138.35
Blind	191	154,789	67.53
Blind Pension	57	117,296	171.49
Child Welfare Services-Foster Care	372	457,526	102.49
Unborn Children	388	273,299	58.70
MA - Under 18	-	28	-
Refugee	92	72,557	65.72

CLINIC SERVICES

Clinic Services include preventive, diagnostic, therapeutic or rehabilitative services which are furnished to outpatients in a facility which is not part of a hospital but which is organized and operated to provide such services to outpatients. A clinic staff may include physicians, dentists and other practitioners with different specialties.

In Fiscal Year 1982, 673 participating providers served an average of 18,781 persons a month, at a total cost of $2,972,914. The average per person per month cost was $13.19. These figures represent a decrease of 4,618,189.

Table 36. Number of Persons and Expenditures for Clinic Services, July 1981-June 1982

Program	Average Number of Persons Per Month	Total Payments	Average Cost Per Person Per Month
TOTAL	18,781	2,972,914	13.19
Aged	4,868	463,427	7.93
Aid to Families with Dependent Children	9,382	1,167,236	10.37
Disabled	3,256	581,538	14.88
General Relief	537	536,271	83.22
Blind	156	21,033	11.24
Blind Pension	44	29,965	56.75
Child Welfare Services-Foster Care	172	95,277	46.16
Unborn Children	225	62,638	23.20
MA - Under 18	-	43	-
Refugee	141	15,486	9.15

X-RAY AND LABORATORY SERVICES

X-ray and Laboratory Services providers are specialized facilities designed to conduct only outpatient laboratory and radiological tests. Services provided in the outpatient department of a hospital or in a physician's office are not included in these statistics but are included in outpatient hospital and physicians' services statistics. There were 186 independent clinical laboratories participating in the X-ray and Laboratory Service program as of June 1982.

The total cost for receiving the services was $2,443,101, an increase of $1,389,804 or 131.9 percent.

MEDICARE SUPPLEMENTARY MEDICAL INSURANCE "BUY IN"

Medicare presently includes not only those over 65 years of age, but also those under 65 who have received Social Security Disability Insurance for more than two years. The Division of Family Services pays the Supplementary Medical Insurance premium for all cash recipients who meet their criteria, for vendor only recipients who receive Supplementary Security Income payments, and for adult cases converted to Supplementary Security Income. General Relief and Blind Pension recipients are excluded.

Total expenditures for the 1981-82 Fiscal Year were $4,797,024. This represents a decrease in expenditures of $1,850,120 or 27.8 percent from Fiscal 1981. The average number of people being served each month was 53,225.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT OF RECIPIENTS UNDER AGE 21

The goal of the Early and Periodic Screening, Diagnosis and Treatment program is to ensure that every child eligible for Medical Assistance has the opportunity to receive comprehensive health care when needed. Recipients (children or parents under age 21) can receive EPSDT at their initial acceptance into the program. However, follow-up visits should adhere to the periodicity schedule set up by the Division of Health Advisory Committee.

The focus of the EPSDT screening program differs from a routine physical checkup since its function is to examine an individual for presymptomatic signs of illness before medical problems develop. The comprehensive screening services that are provided through EPSDT are:

- Physical growth assessment
- Physical and developmental history
- Unclothed physical assessment
- Developmental assessment
- Dental assessment
- Hearing test
- Vision test
- Tests for:
  - Anemia
  - Tuberculosis
  - Diabetes
  - Urinary tract infections
  - Sickle cell anemia
- Assessment of nutritional status
- Assessment of immunization status

If suspected abnormalities are found during the screening, arrangements are made for diagnosis and treatment by appropriate health professionals. The County Division of Family Services Office provides assistance with scheduling transportation and appointments.

Total screenings during Fiscal Year 1981-82 were 24,199. Payments for screening services for the year totaled $301,151, a decrease of $566,193 or 65.3 percent over the previous fiscal year.

HOME HEALTH CARE SERVICES

Home health care services are provided for public assistance recipients age 21 and over and to needy eligible relatives aged 21 or over caring for dependent children, in addition to the services of physicians, dentists, physical therapists, and other services and items available to patients in their homes. The patients must require skilled nursing services similar to those provided in a licensed nursing home. Before a person is eligible for home health care services through Title

XIX, medicare benefits must be exhausted. A total of 79 home health agencies participated in June 1982.

The total cost of these services was $1,052,606 in Fiscal 1982, an increase of $80,946 over the previous year, but $150,213 less than the previous increase.

EMERGENCY AMBULANCE SERVICE

If an attending physician certifies that the service is medically necessary, emergency ambulance service is provided. By June 1982, a total of 341 ambulance services were participating in this program.

In Fiscal Year 1982, the total cost was $667,210 an increase of $15,732 or 2.4 percent.

OPTOMETRIC SERVICES

Optometric Services were added to those provided under Title XIX by the Seventy-sixth General Assembly. Annual visual examinations are covered up to $12 as of 1972. Effective in 1973, glasses for persons under 21 years of age were added. In Fiscal Year 1978-79, the Senate extended Medicaid coverage to include eye glasses (meeting certain standards of correction) and optometric services to recipients age 21 and over. One pair of glasses per year is allowed per recipient under 21 and one pair per three years for those 21 and over. A distinction has been established between limited and complete eye examinations; payment is provided for customary and usual costs up to $12 for limited and $22 for complete examinations.

The General Assembly provided for direct payment to participating providers for artificial eyes, and related services for Title XIX eligible public assistance recipients effective July 1978 with payments retroactive to May 1978. Stock eyes are covered to a maximum allowable of $100, custom eyes to $255, refitting to $60 and cleaning, polishing and checking up to $10. Participating in this program as of June 1982 were 548 optometrists and 283 opticians.

Optometric Services were provided to persons at a total cost of $2,681,543. Decreases over the previous year were $1,045,082 or 28.0 percent less in total costs.

FAMILY PLANNING

Effective in 1972, Public Law required that family planning services be offered to all appropriate clients. Under Title XIX, payments for these services can be made for the cost of visits to a physician, inpatient hospital or outpatient hospital clinic and for birth control pills and other prescriptions. Referrals for such services may be accepted or rejected by the client without the decision affecting the receipt of assistance or other services from the Division of Family Services. If furnishing information or referral for family planning is contrary to the caseworker's beliefs, he is not required to do so.

However, if the claimant desires the information or service, he is to be referred to another worker.

Services for family planning were provided at a total cost of $1,616,018. Of the people receiving family planning services, 93.3 percent were AFDC recipients.

VOLUNTARY STERILIZATION SERVICES

Sterilization services have been available within the Title XIX program since 1976. Effective March 1979, the Department of Health, Education and Welfare tightened the guidelines limiting the circumstances under which payments for sterilization can be made. A major requirement is that the patient sign a consent form 30 days prior to the procedure (72 hours in case of premature delivery or abdominal surgery). Sterilization is prohibited for minors and for people judicially declared mentally incompetent.

AUDIOLOGY SERVICES

The Title XIX Medicaid program provides audiological services through audiologists and hearing aid dealers and fitters. Among the services rendered are audiological testing and evaluation for the dispensing of hearing aids. All recipients are required to have a medical examination by a physician to establish pathology or disease.

This service was provided at a cost of $530,196 in Fiscal Year 1981-82. Total costs decreased by $357,513 or by 40.3 percent. Of the practitioners participating, 44 are audiologists and 169 are hearing aid specialists.

PODIATRY SERVICES

The Missouri Medicaid program began covering podiatrists' services in July 1979. Podiatrists' services may be provided in the podiatrist's office, the recipient's home, the hospital, or any other location. Medically necessary services of a podiatrist include medical, surgical or mechanical services for the foot or any area not above the ankle joint. Coverage of routine foot care is not provided under Podiatry Services.

In Fiscal Year 1982, 103 providers served at a total cost of $180,692. Total costs decreased $2,784 or 1.5 percent from the previous year.

REHABILITATION CENTERS

The Rehabilitation Center program pays for the adaptive training of Medicaid recipients receiving prosthetic/orthotic devices. The following services are provided:

Comprehensive Evaluation
Stump Conditioning
Prosthetic Training
Orthotic Training
Speed Therapy
Occupational Therapy
Orthotic Check-Our Examination
Prosthetic Check-Our Examination
Activities of Daily Living Check-Our Examination

Rehabilitative training is covered by Medicaid for the following prosthetic devices:

Artificial Arms
Artificial Legs
Artificial Larynx
Orthotics

Medicaid paid a total of $502,940 to 14 providers for services. Total costs represents an increase of $220,231 over the previous fiscal year.

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED STATE INSTITUTION

In 1971 an amendment to the Social Security Act permitted states to provide services to the mentally retarded in intermediate care facilities as a part of a state's Medicaid program. In Missouri, as of Fiscal Year 1975-76, mentally retarded recipients age 18 and over or those having related conditions and residing in intermediate care facilities for the mentally retarded were included in Title XIX. Related conditions include epilepsy, cerebral palsy and other developmental disabilities. In addition to those in intermediate care facilities, the program also covers eligible persons 65 year old or more who receive services in mental hospitals.

During Fiscal Year 1981-82, services cost $60,813,096. The decrease in total costs over the previous fiscal year was $5,362,063 or 8.1 percent.

ICF-MR COMMUNITY BASED

In 1974, regulations were promulgated to include an option that small facilities of 15 or fewer residents could qualify for reimbursement under Medicaid. As a result, states were able to fund smaller, less institutional facilities caring for the mentally retarded. In 1977, modifications in regulations were made which provided direction for states in developing small ICF-MR Community Based facilities. While remaining a medical program, the modifications permit care to take place in small group living environments. Missouri began plans for the small group homes in Fiscal Year 1980. The first such facility was certified in November 1980.

In Fiscal Year 1982, three facilities provided services. The total costs of these services was $1,818,720.

DURABLE MEDICAL EQUIPMENT

Effective July 1, 1978, legislation which permits direct payment to participating Durable Medical Equipment providers for services to Title XIX eligible public assistance recipients was enacted. Covered services include purchase or rental of or economically feasible repairs to wheelchairs, walkers, braces, artificial limbs, breast prostheses, hearing aids and artificial larynxes. Such items as bedpans, hospital beds, crutches, and canes are not included under Title XIX Medicaid.

There were 374 providers of medical equipment. During the year this service had a total cost of $1,568,956. Total costs increased $597,090 or 61.4 percent.

MEDICAL ASSISTANCE

Claimants can apply for medical assistance if they are ineligible for any other of the state supplemental programs or categorical programs, effective January 1974. (Persons eligible for these programs are automatically eligible for medical assistance.) These claimants have to qualify under specified adjusted gross income requirements in addition to meeting 1972 requirements for the former aged, disabled, or aid to the blind programs. A claimant would be eligible for medical assistance if his adjusted gross income was less than that set out in the amended Social Security Act and other eligibility factors are met. If he is eligible, however, with reference to other requirements but ineligible on the basis of income a special "spenddown" procedure is required. Briefly, this procedure requires computing from his quarterly income the amount a claimant must spend for medical expenses. His eligibility for medical assistance is established for the remainder of the quarter, if the computed amount is greater than the amount determined he can afford from his current income.

The applications for Medical Assistance in Fiscal Year 1981-82 totaled 43,655. Compared to the 49,904 applications from the previous year, this represented a decrease of 6,249 applications or 12.5 percent. During the year, 43,770 applications were disposed. Of these, 27,470 or 62.8 percent were approved and 16,300 or 37.2 percent were denied or otherwise disposed. The breakdown of approvals and denials from the previous fiscal year was 62.6 percent and 37.4 percent, respectively.

Table 37. Applications for Medical Assistance Received, Disposed of, and Awaiting Disposition at End of Month, July 1981-June 1982*

		Applications Disposed of			
Month	Number of Applications Received	Total	Number Approved for Assistance	Number Denied or Disposed of for Other Reasons**	Number of Applications Awaiting Disposition at end of Month°
TOTAL	43,655	43,770	27,470	16,300	XXXXX
1982					
June	3,587	3,676	2,404	1,272	4,474
May	3,917	3,154	1,761	1,393	4,555
April	3,016	3,551	2,506	1,045	4,675
March	4,373	4,132	2,716	1,416	4,345
February	3,139	3,150	1,922	1,228	4,249
January	3,165	3,500	2,286	1,214	4,217
1981					
December	3,590	3,640	2,230	1,410	4,602
November	3,140	3,194	1,933	1,261	4,532
October	3,719	3,884	2,420	1,464	4,776
September	3,823	3,927	2,335	1,592	5,061
August	3,614	3,980	2,667	1,313	5,144
July	4,572	3,982	2,290	1,692	5,825

* For monthly data prior to July 1981, see Annual Report for the Division of Family Services, 1980-1981, p.64.

** Includes such reasons as death, change of residence, and voluntary withdrawal.

° Figure does not always agree with number carried over as pending at first of following month because of adjustments in previous figures.

Table 38. Cases opened for Medical Assistance by Reason for Opening
July 1981-June 1982

Reason for Opening	Number	Percent
TOTAL	27,470	100.0
Change in economic circumstances because of:	24,942	90.8
Loss of employment benefits to persons in home		
Illness or disablement	19,518	71.1
Lay-off, discharge, or other reason	119	0.4
Resources exhausted	5,191	18.9
Loss of a wage earner in home by death	91	0.3
Other loss of income	23	0.1
No material change in economic circumstances:	2,528	9.2
Institutionalized	38	0.1
Transfer from other assistance	164	0.6
Other	2,326	8.5

In Fiscal Year 1981-82, 27,470 cases were opened for medical assistance. This represents a decrease of 3,470 case openings or 11.2 percent over the previous fiscal year. Overwhelmingly, the most frequent reason for case openings was the loss of employment because of illness or disablement. The second most frequent reason for opening was exhaustion of financial resources. The breakdown of reasons for opening changed little from the previous year.

There are three broad types of reasons for an application to be denied approval. Almost one-fourth (24.8 percent) of the applications denied had sufficient financial resources, 21.9 percent were ineligible for reasons other than financial ones, and, lastly, over half (53.3 percent) were denied for reasons other than failure to meet eligibility requirements. Of this last group of denials, 1,747 or 10.7 percent were due to the voluntary withdrawal of the application.

Table 39. Applications Denied or Otherwise Rejected for Medical Assistance, by Reason for Rejection, July 1981-June 1982

Reason for Rejection	Number	Percent
All Applications Rejected	16,300	100.0
Ineligible because of sufficient income or resources	4,044	24.8
Available resources of applicant	2,612	16.0
Employment or earnings of applicant and others in home	1,216	7.5
Receipt of Veterans Benefits, employer pension or or public assistance	216	1.3
Ineligible for reasons other than insufficient need	3,574	21.9
Disability requirements not established	2,767	16.9
Failure to furnish necessary information or comply with agency policy	796	4.9
Age not established	11	0.1
Rejected for reasons other than points of eligibility given above	8,682	53.3
Voluntarily withdrew application	1,747	10.7
Died prior to approval	68	0.4
Moved out of state or could not be located	217	1.3
Transferred to other assistance	299	1.9
Transfer of property	104	0.6
All other reasons	6,247	38.4

In Fiscal Year 1981-82, 25,940 cases of Medical Assistance were closed. The decrease over the year before was of 461 case closings or 1.8 percent. Death accounts for 16.9 percent of the cases closed. Among the largest category of closings, "all other reasons", 15,238 closings occurred because of the expiration of a three month "spenddown" period and receipt of other types of aid. Closing due to this reason represented 58.7 percent of all closings.

Table 40. Number of Medical Assistance Cases Closed by Reason for Closing, July 1981-June 1982

Reason for Closing	Number	Percent
All Cases Closed	25,940	100.0
Death	4,390	16.9
Decreased need:		
Obtainment of employment or increased earnings by either recipient or others in household and other economic reasons*	1,461	5.6
Receipt of OASDHI or other Federal or State benefits or pensions	1,165	4.5
Loss of eligibility for specified reasons other than decreased need;		
Living in public institution	114	0.4
Moved out of state or could not be located	1,492	5.8
Voluntary request of discontinuance	458	1.8
All other reasons for loss of eligibility	1,622	6.3
All other reasons**	15,238	58.7

* Includes increased support from persons outside household, and other resources of recipients, spouse, and other persons in household, which lessened need.

** Includes receipt of other types of aid and expiration of three month "spenddown" period.

PART V

SOCIAL SERVICES PROGRAM

Social Services, a major function of the Division of Family Services, is provided for under Titles IV-B, IV-C, IV-E and Title XX of the Social Security Act and various state laws. The function of each Federal funding source is:

- Title IV-B - To provide child welfare services program.
- Title IV-C - To provide supportive social services under the work Incentive Program (WIN).
- Title IV-E - To provide foster care and adoption assistance to AFDC eligible children.
- Title XX - To provide social services programs for eligible individuals and families. This Title was re-designated as the Social Services Block Grant (SSBG) in October, 1981.

The Social Service delivery system is directed toward the achievement of one or more of the following goals:

(1) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependence.

(2) Achieving or maintaining self-sufficiency, including reductions or prevention of dependence.

(3) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitation or recruiting families.

(4) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

(5) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

The majority of clients served are related to the goal of preventing or remedying neglect, abuse, or exploitation.

The following services are available through the Division of Family Services to eligible individuals to assist them in achieving one or more of the established goals:

Counseling
Information and Referral
Investigation of Abuse,
  Neglect or Exploitation
Placement
Service Plan Development
Alternative Care
Day Care for Children
Evaluation and Diagnosis
In-home Services
Transportation
Skill Development
Social Development

Eligible individuals include:

(1) Recipients of Aid to Families with Dependent Children (AFDC), Aid to Families with Dependent Children in Foster Care (AFDC-FC, Supplemental Security Income (SSI) or State Supplemental Payments (SSI-SP only).

(2) Individuals whose income does not exceed 68 percent of the state median income as adjusted for family size.

(3) Any child or persons responsible for the child's care, custody or control or persons who otherwise affect the child's development and well-being on whom a report of abuse, or neglect, or exploitation has been made; or a child who has been identified as being at risk of abuse, neglect, or exploitation; or a run away minor who has left his/her place of abode, without consent of parent, guardian, or other person acting in the capacity of parent.

(4) Individuals requesting only information about or referral for services.

The Division of Family Services provides social services through either direct service delivery or through purchase of service and supportive services.

A. PURCHASE OF SERVICE (POS)

This program provides for the purchase of a varied range of social services for the purpose of serving a specified client population within a designated geographic area, at a negotiated unit rate, in accordance with specified service standards. The vendors under contract to the state for these services may be public or private, proprietary or non-profit.

Services Available:

Counseling
Alternative Care/Residential Treatment
Day Care for Children
Evaluation and Diagnosis
Transportation
Skill Development
Social Development

Funding Sources

Funding is provided by local, state and federal sources.

The following are two specific purchase of service programs:

1. Day Care

The Day Care program is a statewide program which provides for the purchase of day care services from qualified providers and individuals for children of income-eligible or Income Maintenance-AFDC recipient families where one or both caretaker relatives are employed or are in training for employment. Day Care services are also purchased for children under protective service. During Fiscal Year 1982, an average of 5,864 children received day care services each month at an average total cost per month of $743,965. The services are provided at an average monthly cost of $126.87 per child. The non-WIN AFDC recipients constituted the largest group, 77.2 percent, of all children receiving vendor day care services.

Funding Sources:

A combination of State appropriated funds Title XX/SSBG, Title IV-C or Title IV-B.

2. Contractual Treatment Services

This is a statewide program which provides counseling, evaluation and diagnostic services to families with children in situations of abuse, neglect or exploitation. The Division contracts with approximately 500 private and public providers to deliver these services and serves approximately 800 individuals per month.

Funding Sources:

A combination of State appropriated and Federal funds under Title XX/SSBG.

B. DIRECT SERVICE DELIVERY

This is a statewide service delivery program in which the Division of Family Services employ Social Service staff to provide a range of case planning, investigation, counseling, and placement services to children, and families for the purpose of preventing or remedying abuse, neglect, or exploitation of children and the preservation of rehabilitation of families with a potential or actual child abuse neglect problem.

Funding Source:

A combination of State appropriated and Federal funds under Title XX/SSBG, Title IV-C and Title IV-B. Major components of direct service delivery are the following:

1. Alternative Care

Children who are determined by the juvenile court to need care in a setting other than their natural family home receive the benefits of this statewide service program which is designed to provide substitute family care or non-familial group care. Any one of these three types of licensed foster settings provides alternative care: (1) foster family homes (2) foster group facilities and (3) residential treatment facilities. Acceptance of any child referred by the court for placement is dependent on the availability of sufficient funds to pay the costs of care and the current availability of an appropriate care setting based on the child's individual alternative care needs.

Room and board at standardized rates, an initial clothing allowance, payment of regular incidental and medical expenses, and payment of special medically and non-medically related expenses when these expenses are certified necessary to the child's care are all available services to children in alternative care settings. In addition, a varied range of treatment services such as educational services and skill development services may be provided in behalf of children who are placed in residential treatment facilities.

During Fiscal Year 1982, an average of 6,651 children were cared for in foster care each month. This was slightly lower (3.3 percent) than last year's number of 6,729.

Funding Sources

a. A match of State and Federal funds under Title IV-E for payment of room and board of AFDC eligible children alternative care setting. AFDC payments cannot exceed $100 per month per child, by statute.

b. A combination of State and Federal funds under Title IV-B for payment of the following alternative care costs:

(1) Room and board for all non-AFDC eligible children in alternative care.
(2) Supplemental payment to room and board costs for AFDC eligible children in alternative care.
(3) Initial clothing expense
(4) Regular medical expense
(5) Special medically and non-medically related.

c. A combination of State and Federal funds under Title XX/SSBG for payment of alternative care costs which include all treatment costs for the duration of a child's placement in a residential facility.

Securing basic descriptive data on all children currently placed in an Alternative Care Foster Care setting, and following the movement of each child who is involved in one or more placements are the purposes of Foster Care Tracking. As a result of demographic and placement data collected through an automated system, the Division can evaluate current alternative care placement trends, and can generate management reports on children in alternative care.

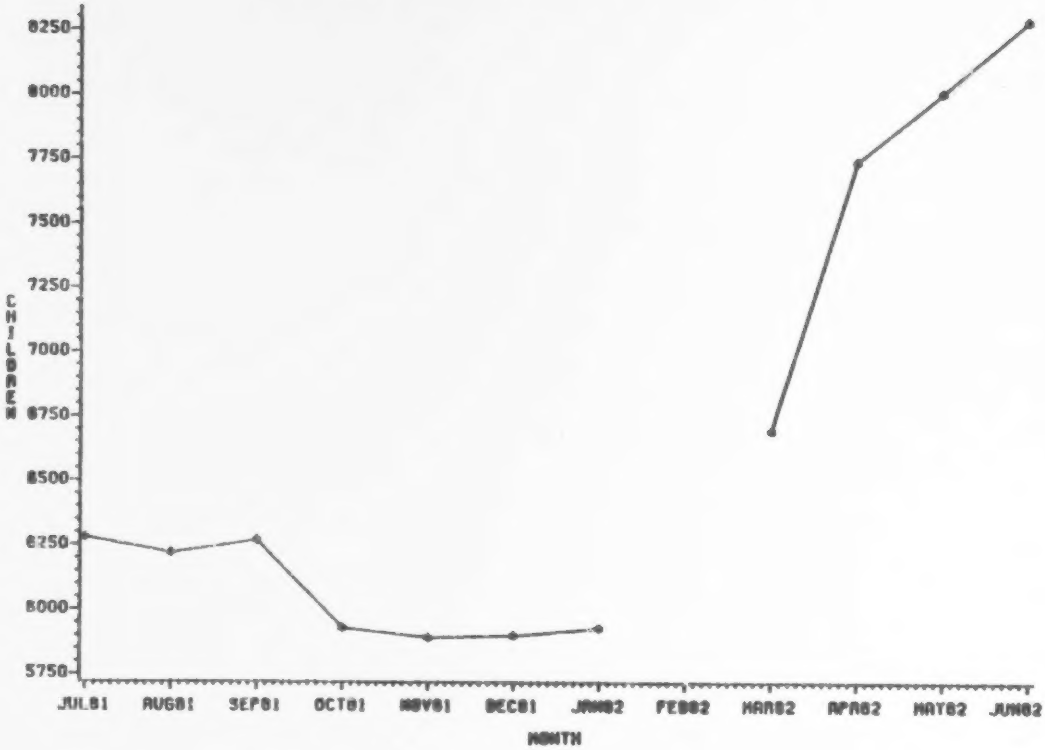
As can be seen in Table 41, there were 8,291 active Foster Care cases at the end of Fiscal Year 1982. Compared to the end of the previous fiscal year, an increase of 1,866 cases or 29.0 percent took place.

Table 41. Number of Active Cases, Cases Opened and Average Age of Child in Foster Care, July 1981-June 1982

Month and Year	Active Cases	Cases Opened	Average Age of Child
1982			
June	8,291	125	9.8
May	8,010	94	9.8
April	7,743	102	9.8
March	6,690	86	9.8
February	*	*	*
January	5,930	223	10.1
1981			
December	5,900	183	10.1
November	5,892	143	10.1
October	5,930	207	10.0
September	6,269	397	9.0
August	6,218	427	9.9
July	6,279	447	9.9

* Data not available.

CHILDREN IN FOSTER CARE FY82



2. Subsidized Adoption

This is a statewide program developed to provide financial benefits in the form of "subsidy payments" to encourage potential adoptive parents to adopt and to finance the cost of adopting hard-to-place children. Beneficiaries to adoption subsidy include any child in adoptive placement who is determined to have been "previously unadoptable" because of a handicapping condition, racial or ethnic minority status, age, social maladjustment, or membership in a sibling group which was unadoptable.

One or all the following types of subsidy payments may be made in behalf of a child in this program:

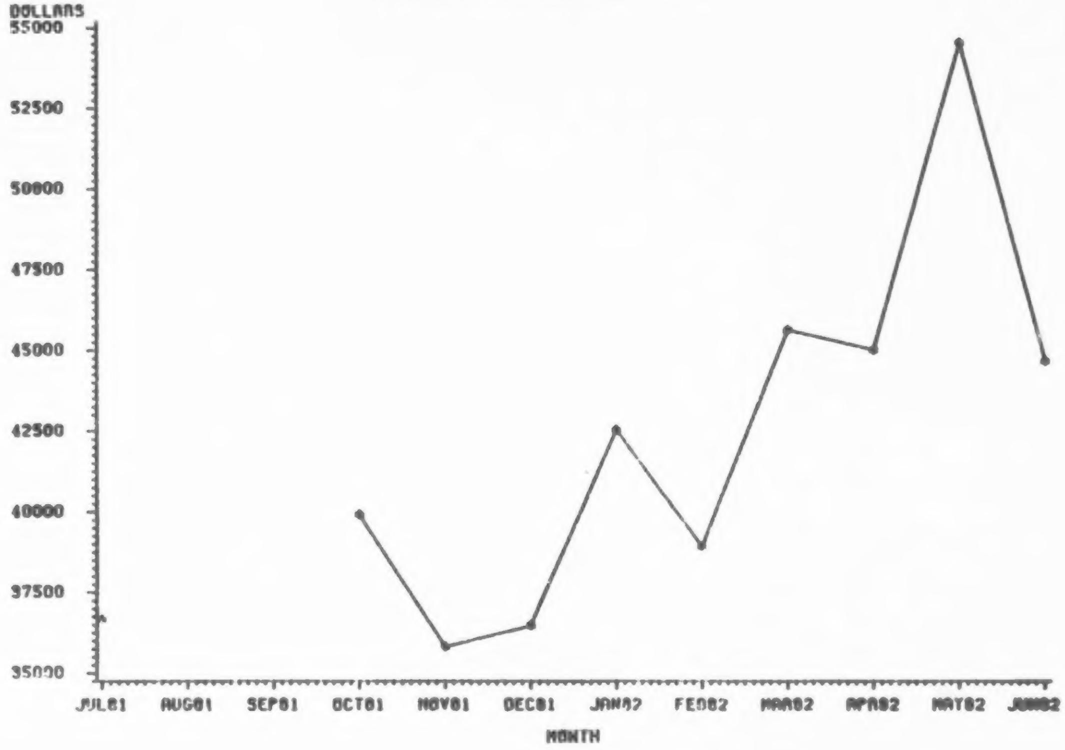
a. Regular monthly room and board payments of the same standardized rates as those for alternative care.

b. Recurring payment for treatment of a physically handicapping or other mental or emotional condition which existed at the time of placement.

c. A one-time special services payment to cover a non-recurring medical, dental, psychiatric or health expense, or an expense associated with the adoptive process.

Funding Source:

100 percent State appropriated funds.



SUBSIDIZED ADOPTION
MONTHLY DOLLAR SUBSIDY PAYMENTS

Table 42. Number of Children and Amount of Payment for Subsidized Adoptions, July 1981-June 1982

Month	Number of Children	Amount of Payments
1982		
June	318	44,691
May	358	54,531
April	302	45,021
March	299	45,630
February	254	38,924
January	288	42,533
1981		
December	250	36,459
November	232	35,823
October	245	39,914
September	*	*
August	*	*
July	227	36,666

* Data not available.

3. WIN

The WIN (Work Incentive) program provides supportive services to income maintenance recipients who are voluntarily or mandatorily registered in the WIN program because they are available for work or for work training. Services provided under this program are intended to contribute directly to immediate job placement of clients. This program is currently operated only in selected project areas within the State, including the major metropolitan and urban areas.

The WIN program is jointly administered by the Division of Employment Security and Division of Family Services who have joint responsibility for assessing registrant employability potential, appraising and certifying registrants, establishing the client employability plan, and providing social and employment services.

Approximately 60 percent of the AFDC population in the State is in areas served by WIN projects. In Federal Fiscal Year 1982, there were 15,015 WIN registrations, 8,505 clients were actively worked with, and 7,607 received social services. AFDC grant reductions totalled $6,694,267 with 4,105 persons entering employment.

Funding Sources:

A match of State and Federal funds under Title IV-C.

4. Protective Services

As a result of either a report, request, referral, or identified problem area related to child abuse neglect or exploitation eligibility for services for the protection of children is initiated.

Investigation and Treatment of Child Abuse and Neglect

The State statutes require the Division of Family Services to investigate reports of child abuse/neglect or exploitation. The initial investigation must be completed within 24 hours from the time the report is received, and a final determination made within 30 days.

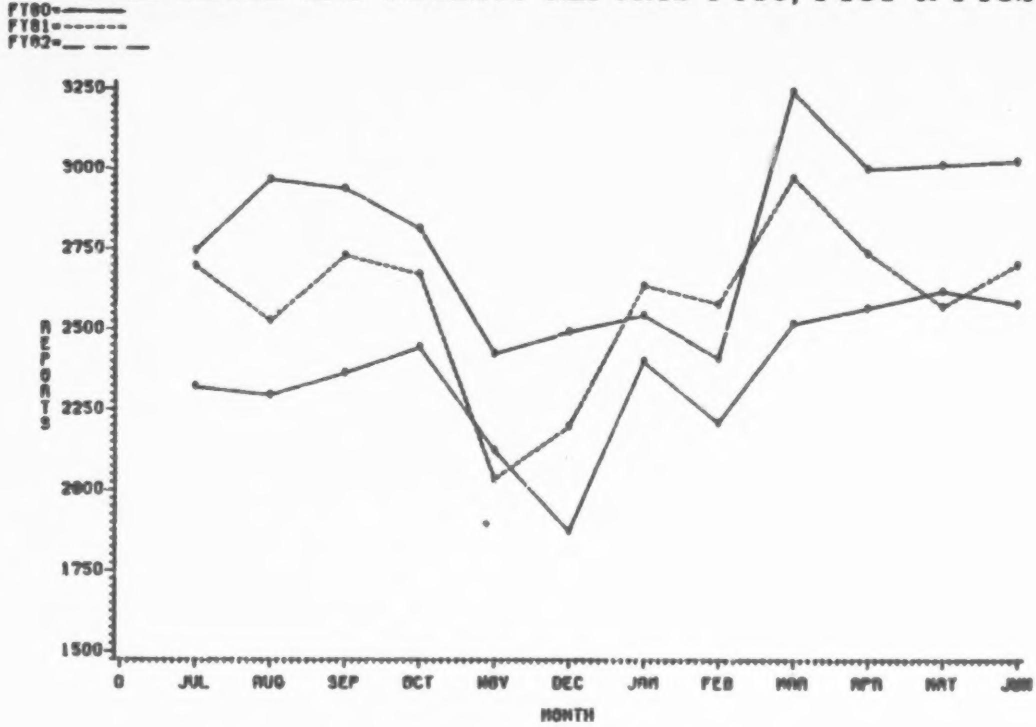
Protective Services Status establishes eligibility for treatment services for an individual or household without regard to income.

In Fiscal Year 1982, there was an average of 21,452 Protective Service cases per month.

Table 43. Protective Service Cases Per Month, July 1981-June 1982

Month	Total Cases
1982	
June	19,923
May	19,858
April	21,244
March	20,097
February	20,009
January	20,511
1981	
December	20,225
November	21,360
October	22,446
September	23,990
August	23,581
July	24,186

CHILD ABUSE AND NEGLECT REPORTS FY80, FY81 & FY82



A COMPARISON OF CA/N REPORTS FOR FY80, FY81 AND FY82

Table 44. Child Abuse and Neglect
July 1981-June 1982

Month	Number of Reports
1982	
June	3,027
May	3,015
April	3,002
March	3,244
February	2,408
January	2,542
1981	
December	2,490
November	2,422
October	2,812
September	2,936
August	2,965
July	2,743

C. SUPPORT SERVICES

To assist in direct service delivery, there are the following support services:

1. Child Abuse/Neglect Central Registry

This registry is a support function for direct service delivery. Its purpose is to accept reports of suspected or actual child abuse, neglect, or exploitation at a centralized confidential receiving station, to maintain a central file or registry of all reports of incidents of child abuse/neglect, and to transmit each report made to the appropriate Division of Family Services local office for investigation by Division of Family Services staff.

The Central Registry Unit receives reports from persons belonging to occupational groups mandated by law to report, as well as from the public. Calls may be made via a toll-free telephone hotline which is manned by Division of Family Services staff on a 24-hour basis. The central registry serves as a source of historical data which is accessed each time a new report is received. Any data regarding a previous report(s) which is found to be pertinent to a newly reported incident is transmitted to local staff responsible for performing the investigation. This is intended to serve as a resource for staff carrying out the investigation and to facilitate more fully informed case planning and service delivery to these clients.

An investigation must be initiated within 24 hours after a report is referred to the local office by the Central Registry Unit. A status report of the investigation must be submitted to the Central Registry Unit by local Division of Family Services staff within 30 calendar days of the receipt of the report.

Hotline workers now use computer terminals to record reports and the results of investigations. Computer database storage allows for considerably more detail to be stored and for it to be retrieved more quickly than under the previous manual system. This has improved the availability and completeness of data in the statistical summary information extracted from the central registry for the National Center on Child Abuse and Neglect and for management reports for state program planning with regard to child abuse/neglect treatment and social services delivery.

In Fiscal Year 1982, the Child Abuse/Neglect "Hotline" received 33,606 calls, an increase of 8.3 percent over the previous year. Over half of these reports were substantiated.

2. Interstate Compact on the Placement of Children

In September 1975, Missouri enacted the Interstate Compact on the Placement of Children. The Governor appointed the Director, Division of Family Services, as Administrator of the compact; and the Child Placement Coordinator was designed as the Deputy Compact Administrator.

The basic purpose of the Compact is the protection of children involved in interstate placements. The Compact was created because of conflicting state laws, complex administrative procedures, and poor placement practices. The Compact is a legally binding agreement between compact member states. The Missouri Statute is RSMo 210.620.

A total of 1,755 referrals for services were received and processed by the Interstate Placement Office during the Fiscal Year, July 1, 1981 through June 30, 1982.

Table 45. Children Receiving Interstate Placement Services, July 1981-June 1982

Type of Service	Number of Children Served
TOTAL	1,755
Missouri Interstate Request for Services	972
Relative Home Studies	204
Natural Parent Home Studies	506
Foster Home Licensing and Supervision	31
Adoptive Placement and Supervision	99
Residential Placements	47
Independent Adoptive Home Studies	20
Protective Service/CAN Referrals	55
Interview Natural Parent (Child Support/Adoptive Consent)	10
Out-of-State Requests for Services	783
Relative Home Studies	197
Natural Parent Home Studies	279
Protective Service/CAN Referrals	55
Interview Natural Parent (Child Support/Adoptive Consent)	10
Independent Adoptive Home Studies	18
Adoptive Placement and Supervision	62
Foster Home Licensing and Placement Supervision	40
Residential Placements	122

Forty-six states are members of the Interstate Compact on the Placement of Children. These states must follow the procedures and accept the responsibilities set out by the Compact.

There are states that are not members of the Compact. However, the procedure for placement of children remains the same whether placement is in a compact or non-compact state.

Other non-compact states have importation laws that require agencies placing children in their states to abide by those requirements. Interstate placements of children in or out of Missouri are governed by the Compact.

The Compact provides for:

1. Proper notification of placement plans
2. Evaluation of the proposed placement
3. Continued responsibility for planning for the child
4. Jurisdictional arrangements for proper care and supervision.

The Compact involves both compact and non-compact states in the placement of children in:

1. Adoptive home placements
2. Foster home placements
3. Relative home placements - with a few exceptions
4. Child-caring facilities - with a few exceptions

The Compact involves the following in the receiving or sending of children:

1. Public or private agencies
2. Courts, juvenile officers, judges
3. Corporations, associations, charitable agencies
4. Administrators, child placement workers, officers, employees, persons, or subdivisions of a member state
5. Natural parents in matters of independent adoptions
6. Natural parents in matters of independent residential or group home care

3. Social Services Staff Development

The Division of Family Services has a full-time Social Services Staff Development Unit, which is under the supervision of the Deputy Director for Field Operations. This unit is responsible for responding to the training needs of all levels of Social Service Staff within the Division. The Staff Development Unit consists of three regional training centers, which are located, along with the Income Maintenance Staff Development Unit, in the following areas: Central Region Training Center--Jefferson City; Eastern Region Training Center--St. Louis City; and Western Region Training Center--Kansas City. Staff Development Specialist I's in each of these regional training centers are supervised by a Staff

Development Specialist III, all of whom are under the supervision of the Staff Development Supervisor, located in Central Office in Jefferson City.

The Social Services Staff Development Unit conducts three-week basic skills sessions for new Social Service Workers. The basic skills training program acquaints new employees with the Division and the Social Services programs it administers, and prepares them to function within the agency.

Another major role of the Social Services Staff Development Unit is the development and presentation of ongoing training for Social Service Workers, Social Service Supervisors, and clerical staff. Designed to provide current information on program and policy changes and to improve agency functioning, in-service training is offered to large numbers of employees on a wide variety of topics.

In addition to the above, management training is provided to improve supervisors' leadership skills and to enable them to develop the performance of their supervisees. Based on recognized management theories, the training designed and provided for the Social Service Supervisor is geared to specific program needs.

The three Social Service Staff Development Units utilize varied training techniques to provide uniform training statewide, yet maintain a degree of flexibility which enables them to individualize their training to meet the needs of all levels of Social Services staff in all areas of the State of Missouri.

The production and purchase of videotapes, on a wide variety of Social Service topics, has increased this year. These videotapes are used by the Staff Development Specialists in formal training sessions, and are also available to the Regional Offices and County Offices for their use in providing supplemental training on specific topics.

DAY CARE LICENSING

By Statute, the Missouri Division of Family Services is delegated the responsibility for licensing day care homes and day care centers which provide care to more than four children, and for establishing uniform regulations and standards to be met for license issuance. The regulations and standards cover areas including staff/child ratio, physical plant, equipment, nutrition, daily program, and health/safety requirements for infants through school-age. The purpose of the regulations and the licensing process is to give parents assurance that undue hazards do not exist, and that the child's daily experiences are conducive to wholesome growth and development.

The licensing of day care facilities is done by day care licensing staff who are based throughout the State. After a licensing investigation, a license may be issued to a home or center for a period not to exceed one year. Normally, two supervisory visits are made during the licensing year along with a licensing renewal visit. Both announced and unannounced supervisory visits are made. Consultation and technical assistance is offered throughout the year to assist in upgrading the level of child care.

In addition to their responsibilities for day care licensing supervision, licensing representatives plan and offer provider workshops, provide media announcements and information, address educational and civic groups, consult with local/State officials regarding zoning health, fire safety, etc. Day Care Licensing staff is also responsible for receiving and reviewing information from facilities who claim exemption from licensure, and for working with local prosecuting attorneys regarding unlicensed day care facilities, since violation of the day care statute is a misdemeanor offense.

Table 46. Licensed Day Care Homes and Group Facilities, as of June 1982

Type of Day Care	Number of Facilities Licensed	Capacity of Licensed Facilities
TOTAL	1,518	35,698
Family Day Care Homes	500	2,898
Group Day Care Homes	495	4,953
Day Care Centers	523	27,847
Not for Profit	175	
Proprietary	348	

Note: These figures reflect total licensed capacities. They do not reflect the number of centers or capacity for agency funded children.

There is an increased number of mothers of young children returning to the work force and the number of children requiring day care is also rapidly growing. The goal of the day care licensing unit is to educate parents and the community to the importance of quality child care, and to assist those who are involved in or planning to establish a day care program to meet his need.

RESIDENTIAL LICENSING UNIT ACTIVITIES

Under the statutory authority of sections 210.481 - 210.536, RSMo Supp. 1982, the Residential Licensing Unit is responsible for the licensing of private facilities providing twenty-four hour care to children, including group homes and child caring agencies, and for the licensing of private child placing agencies providing foster care and adoptive services. These licensed facilities are monitored through inspections conducted several times annually to insure maintenance of standards and compliance with the law and applicable rules. Enforcement is achieved through the licensing, denying and revoking process.

These licensed facilities provide substitute care for dependent, neglected, abused and emotionally disturbed children requiring periods of separation from their home settings. Children placed in residential care are referred by the juvenile courts or voluntarily by parent(s) or parent substitutes and are in need of care, treatment and other specialized services. Other children may need permanent placement through adoption and the child placing agencies provide these services to children.

The unit is also responsible for the development, promulgation and issuance of uniform rules which establish standards of services and care to be rendered by the licensed agencies to children. Technical assistance and/or consultation is available through the Residential Licensing Unit to help achieve compliance and to upgrade the quality of services provided by the group home, child caring and child placing agencies.

At present there are 90 licensed residential facilities and 46 licensed or approved child placing programs or agencies, serving approximately 1,700 children. There are also approximately 400 foster homes inspected and recommended for licensure by the child placing agencies, serving an additional 300 plus children.

PART VI

SERVICES FOR THE BLIND

The Division of Family Services through its Bureau for the Blind administers the following six service programs:

1. Rehabilitation Teaching
2. Vocational Rehabilitation
3. Prevention of Blindness
4. Services to Pre-school Blind Children and their Parents
5. Employment Placement
6. Business Enterprises

Rehabilitation Teaching

Rehabilitation Teaching may be defined as training and guiding persons through a course of instruction designed to help them carry out all possible necessary activities without the sense of sight. It encompasses specific and identifiable teaching techniques and skills to assist the blind and visually handicapped in developing independence, manual dexterity, skills in communication, home orientation, home management, and personal management.

The purpose of Rehabilitation Teaching is to aid in the adjustment and restoration of visually handicapped persons to an optimal level of functioning in carrying out their responsibilities independently as persons, providers, homemakers, and family members.

The principal objective of the Rehabilitation Teacher is to help clients reach their maximum degree of usefulness and independent function in a sighted world. Objectives include the development of skills and a philosophy of living that will enable the client to adjust to the seeing world without expecting the seeing world to adjust to him.

The following table shows fiscal year statistics for the Rehabilitation Teaching program and other related programs. It shows that 664 cases were open for services at the beginning of the year and that 483 additional cases were accepted during the year, making a total of 1,147 cases served during the year. Services were discontinued to 630 cases, leaving 517 cases open at the end of the year.

Table 47. Turnover Report on Rehabilitation Teaching Cases for the Blind (Includes Services to Pre-school Blind Children and other Special Services) July 1981-June 1982

Item	Number
Total cases at beginning of fiscal year	664
Opened for service during year	483
Total cases during year	1,147
Total cases closed during year	630
Total cases at end of year	517

Vocational Rehabilitation

Persons who are legally blind or who have a progressive eye disease that would eventually lead to blindness may be eligible for programs which assist them to prepare for employment suited to their needs and abilities. One phase of vocational rehabilitation may include a period of concentrated training in a rehabilitation center. Other services offered include:

Counseling and guidance -- adjustment to blindness and choice of vocation

Travel training

Medical evaluation and physical restoration services

Job placement assistance and ongoing services as needed

Specialized products, tools and aids useful to the blind

Homemaking skills

Education -- college, technical, vocational.

Table 48. Active Vocational Rehabilitation Cases for the Blind and Cases Closed from Active Load, July 1981 - June 1982

Item	Number
Active Cases on hand at beginning of year	985
Accepted for services during year	200
Total in active load during year	1,185
Total cases closed during year	
Placed in employment	228
Closed other reasons -- after rehabilitation plan initiated	200
Closed other reasons -- before rehabilitation plan initiated	63
Total active cases at end of year	694

Administration costs for vocational rehabilitation services included salaries, travel, Social Security, and Missouri retirement costs, they totaled $1,548,800 or 52.3 percent of total costs.

Case services purchased for persons served totaled $1,412,102 or 47.7 percent of total costs and included diagnostic and physical restoration services, training, maintenance, transportation and other services.

Table 49. Expenditures for Vocational Rehabilitation Services for the Blind, by Type of Expenditures, July 1981-June 1982

Type of Expenditure	Amount
TOTAL EXPENDITURES	2,960,902
Federal Share	2,368,721
State Share	592,181
Administration: (Total)	
Salaries of Employees	1,101,843
Travel	56,859
Office and Communication Expense	58,124
Equipment Purchases	1,090
Fuel and Utilities	5,618
Physical Plant Expense	89,950
Professional and Technical	9,100
Other Expenses	5,848
OASDI, Missouri Retirement and Insurance (Federal Fund Only)	202,368
Case Services Purchased for Clients	1,412,102

Prevention of Blindness

Realizing that early detection and treatment of eye problems can often prevent blindness, the Bureau for the Blind may meet the cost of eye care for persons who need and qualify for such care.

The agency provides diagnostic examinations by an eye specialist and may pay for the cost of eye care recommended by the specialist. Vision screening clinics to detect eye problems are held in various areas of the state.

As indicated in Table 50, a total of $189,608 was spent for services under the Prevention of Blindness program during the 1981-82 fiscal year. This was an decrease of $100,926 (34.7 percent) over the previous year. The largest single item of cost was for purchase of hospitalization and surgery.

Table 50. Prevention of Blindness Expenditures
July 1981-June 1982

Type of Service	Amount
Total Expenditures	$189,608
Eye Examinations and refractions	16,747
Glasses	37,661
Hospitalization and Surgery	121,283
Artificial eyes	3,409
Glaucoma Medications	7,755
Other*	2,753

* Includes fees for anesthesia, X-rays, medical reports, physical examinations, and other necessary medical procedures.

During the Fiscal Year 2,218 services were provided. In addition, 2,316 individuals received eye examinations at the 13 eye screening clinics held throughout the state.

Services to Pre-School Blind Children

Professionally trained teacher/counselors provide services to pre-school blind children throughout Missouri. The purpose of services to visually impaired children and their parents is to offer individual counseling and educational programs and to coordinate community services in order that the pre-school blind child may acquire developmental skills and basic concepts to ready him for the regular educational process given to all children. For the blind children who cannot reach this optimum level of development these workers act as guides to other educational opportunities so the child can reach the highest degree of development possible consistent with his level of progress by the age of six.

Employment Placement

Employment is the ultimate objective of the vocational rehabilitation program. This could be full or part-time employment in (1) the competitive labor market, (2) self-employment, (3) homemaking, (4) unpaid family worker, or (5) employment within the sheltered workshop setting. Services offered include:

- Job Placement/Accommodation -- These services are provided by employment specialists, counselors, or other professional staff to assist a client in obtaining or maintaining suitable employment.

- Post-Employment -- These services are provided to a rehabilitation client to facilitate maintenance of employment.

Business Enterprises

The Business Enterprise Program serves primarily as an agent of self-employment for vocationally rehabilitated clients. The program operates gift shops, snack bars, full-line cafeterias, and food vending activities in both public and private industries. In fact, BEP vending and food service facilities serve an estimated 60,000 customers daily. These attractive employment opportunities for the blind offer good pay and benefits.

At the end of the fiscal year there were 57 vending facilities (one more than at the beginning of the year) with 54 blind operators. Gross sales of the vending facilities amounted to over 6 million dollars, while net income paid to operators totalled $1,003,801. This is a 15.5 percent increase over Fiscal Year 1981. The average annual earning of the vending facility operators was about $18,000, an increase of about 9 percent after two years at about $16,500.

PART VII

CHILD SUPPORT ENFORCEMENT (IV-D)

The Child Support Enforcement Unit (IV-D) was established in Missouri in July, 1977 after HB-601 was adopted. The primary goal of the Child Support Enforcement Unit is to reduce the dependency of families on Aid to Families with Dependent Children (AFDC) by establishing and enforcing court ordered child support. By reducing this dependency, the cost of the AFDC program will be lowered. The secondary purpose of the program is to help children realize who their parents are and to be supported by them.

The Child Support Enforcement Program is mandated by law for AFDC payees and is also available to individuals responsible for the care of children who do not receive AFDC benefits. Included in AFDC case counts are inactive or former AFDC recipients whose cases are still on file but who are not currently receiving AFDC cash payments. The AFDC group must make an assignment of support rights to the State for all past, present, and future child support. The assignment remains in effect for all support until the AFDC case is closed. After the closing, the assignment remains in effect for past delinquent child support. The Non-AFDC applicants are charged a fee based on a sliding scale according to their income.

The services provided in both AFDC and Non-AFDC cases are location, establishment of paternity, establishment of a court order for child support, enforcement of a court order and collection of child support. In AFDC cases, the child support is collected, submitted to the State, compared with the AFDC grant and distributed according to Federal regulations. The State receives 39.64 percent of all retained child support collected on AFDC cases. The state's share of collected child support for Fiscal Year 1982 was $2,521,002.

Any child support collected which exceeds the amount of AFDC payments is returned to the payee. The child support collected on Non-AFDC cases is paid directly to the client.

The cost of administering this program is reimbursed by 70 percent Federal funds.

The State is divided into five districts for the administration of the Child Support Enforcement Program.

District I	St. Louis City
District II	17 counties South of St. Louis which includes the Bootheel Area
District III	52 counties North of Missouri River
District IV	43 counties in Southwest and South Central Section
District V	St. Louis and St. Charles Counties

The Child Support Enforcement Program's collections for Fiscal Year 1982 are shown on the following table by District and State Totals.

DOLLARS COLLECTED

District	Total	AFDC	Non-AFDC
State Totals	12,575,011	6,302,554	6,272,457
District I	1,410,833	1,077,180	333,653
District II	1,550,814	1,051,914	498,900
District III	6,382,533	2,030,461	4,352,072
District IV	1,914,726	1,434,866	479,860
District V	1,316,105	708,133	607,972
Per Cent Increase Over Fiscal Year 1981	8.2%	4.8%	11.9%

Further breakdown of paying cases and dollars collected are shown by month.

Month	Cases Paying	Collections Total	Collections AFDC	Collections Non-AFDC
1981				
July	7126	1,160,668	575,807	584,861
August	6929	1,037,972	511,661	526,311
September	6812	1,003,009	508,126	494,883
October	6934	1,052,848	519,299	533,549
November	7193	1,006,696	523,388	483,308
December	7553	993,918	471,687	522,231
1982				
January	7257	965,718	484,654	481,064
February	7205	915,518	470,118	445,400
March	7951	1,124,802	539,889	584,913
April	7969	1,062,766	552,981	509,785
May	7484	1,005,658	492,270	513,388
June	8331	1,245,438	652,674	592,764
Totals	88,744	12,575,011	6,302,554	6,272,457

June, 1982 represented both the highest number of paying cases and the highest dollar collections during the fiscal year.

Amount Retained by the State

Fiscal Year 1982 $2,521,002

The increase in Non-AFDC collections may be attributed to at least three major factors. First, the program has become more visible to the public. Second, a large number of previous AFDC recipients have applied for Non-AFDC services after their AFDC case is closed. Third, the small one-time fee is conducive to new Non-AFDC applicants as the cost of services provided by IV-D in the private sector would be prohibitive for many of our clients.

The value of the Non-AFDC program continues to lie in the fact that by providing Child Support Enforcement services for these clients, they are able to manage financially without receiving AFDC benefits from the State.

The primary goal of Fiscal Year 1983 is to collect $23.2 million in child support payments.

PART VIII

SUMMARY OF EXPENDITURES AND SOURCES OF FUNDS

A review and analysis of expenditures and the sources from which funds were received encompasses the last section of the 1981-82 report. The three sources of funds are State appropriations, Federal appropriations, and donated and local funds. In Table 53, the expenditures charged against these three types of funds are listed by program.

Federal matching funds are made available for payments to dependent children and payments for medical care for dependent children, aged, blind, and disabled recipients. The Federal participation for public assistance payments is at the rate of 60.38 percent of matchable amounts. The medical assistance program under Title XIX provides vendor payments to suppliers of medical care services and is matched separately from the cash assistance programs.

Between July 1981 and June 1982, a total of $811.2 million in State, Federal and donated and local funds was expended for assistance payments and administration. This amount represents an increase of $9.4 million or 1.2 percent from the prior fiscal year.

Of the total expenditures of $811.2 million, $718.9 million or 88.6 percent was expended for money payments to welfare recipients, vendor payments for Medical Care, Foster Care payments, Aid to Families with Dependent Children, Work Training and Day Care costs. Of this total, Federal funds accounted for $411.9 million (57 percent) while State and local and donated funds accounted for $307.0 million (43 percent).

Federal funds for assistance payments showed an increase of $11.0 million (2.7 percent), and State, and local and donated funds showed an increase of $4.4 million (1.4 percent) compared with the preceding fiscal year.

Also compared with the preceding fiscal year, medical assistance (Title XIX plus Buy In) which totaled $424.4 million increased by $32.8 million or 8.4 percent. Expenditures for Aid to Families with Dependent Children totaled $175.3 million for a decrease of $14.9 million or 7.8 percent over the previous fiscal year.

Table 54 outlines expenditures for administration by object of expense. For Fiscal Year 1981-82, the total expenditure for administration was $88.4 million. This figure represents a decrease of $6.7 million (7.1 percent) over Fiscal Year 1980-81.

Table 51. Expenditures Charged Against All Funds for Assistance and Administration, Classified by Program and Source of Funds, July 1, 1981-June 30, 1982

		Source of Funds		
	Total	Federal	State	Donated/ Local
All Expenditures	811,218,707	472,264,486	336,312,381	2,641,840
Assistance for Recipients	718,859,151	411,891,440	304,564,118	2,403,593
Aid to Families with Dependent Children	175,279,886	105,655,874	69,624,012	
Adult Supplementation	8,219,404		8,219,404	
Nursing Care - Other Than Title XIX	28,921,693		28,921,693	
Blind Pension and Supplemental Aid to the Blind	4,710,159		4,710,159	
General Relief	4,542,265		4,542,265	
Refugee Assistance	1,374,568	1,374,568		
Energy Assistance	34,294,490	33,113,309	1,181,181	
Child Abuse and Neglect	786,661	649,715	136,946	
Foster Care	6,636,321	1,264,929	5,371,392	
Residential Treatment	6,642,568	3,456,863	3,185,705	
Purchase of Day Care	4,879,488	4,173,850	705,638	
Purchase of Service from Organizations	17,388,350	15,705,438		1,682,912
Staff Training	734,706	734,706		
Medical Assistance, Title XIX	424,448,592	245,762,188	177,965,723	720,681
Reimbursement Under Title IV-D				
Reimbursement to Counties and Child Support Enforcement Fund	2,568,495	2,568,495		
Federal Reimbursement/ Local Incentive	1,414,057	1,414,057		
Administrative Expense	88,377,004	56,390,494	31,748,263	238,247
Administration of: *				
Income Maintenance Social Services, Medical Services and Administrative Services	75,519,305	45,067,760	30,213,298	238,247
Blind Administration and Services	3,158,855	2,257,718	901,137	
Title IV-D Child Support Enforcement	2,502,649	1,868,821	633,828	
OASI, Mo. Retirement and Insurance (Federal Funds Only)	7,196,195	7,196,195		

* Percentage of Total Funds: Income Maintenance, 38.17 percent; Social Services, 26.88 percent; Medical Services, 6.65 percent; and Administrative Services, 28.29 percent.

The Welfare Dollar

Fiscal Year 1981 – 1982

Came from:

State and Local 42¢
Federal 58¢

Was spent for:

DIVISION OF FAMILY SERVICES
ONE
ONE
1
1
1
1
MISSOURI DEPARTMENT OF SOCIAL SERVICES
ONE DOLLAR

52¢	Medical Services
21¢	Aid to Families with Dependent Children
11¢	Administration
4¢	Adult Supplementation
4¢	Energy Assistance (Utilicare)
3¢	Purchase of Service
2¢	Child Welfare
1¢	General Relief
1¢	Blind Program
1¢	Child Support Enforcement

Expenditure by Source of Funds

Fiscal Year 1981 – 1982

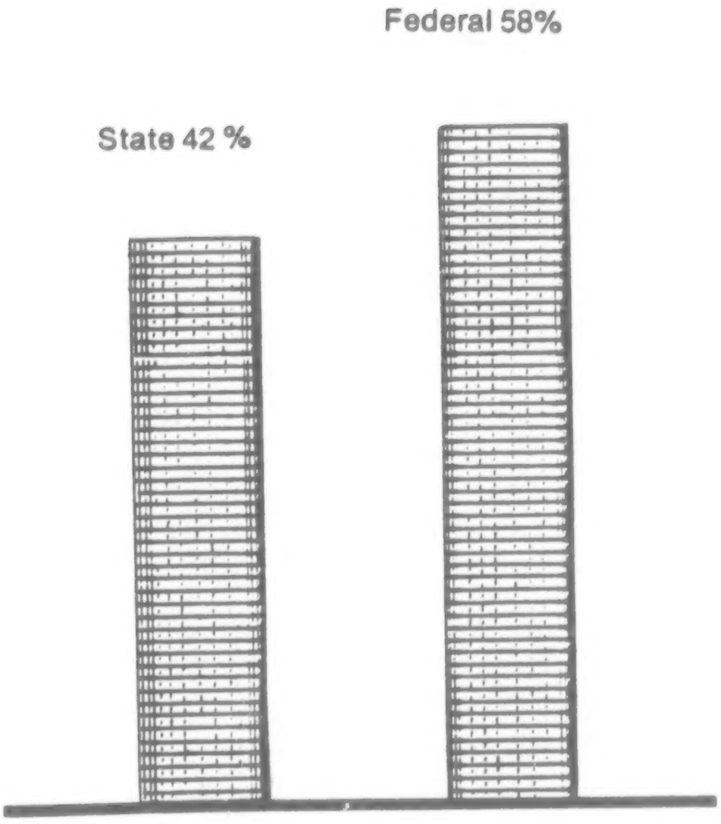


Table 52. Administrative Costs by Object of Expense,
July 1, 1981-June 30, 1982

Object of Expense	Total	General Administration	Child Support Enforcement	Blind
TOTAL	88,377,004	82,276,739	2,798,011	3,302,254
Salaries of Employees	62,119,581	58,821,026	2,014,105	1,284,450
Additions:				
Travel	1,232,045	1,118,019	35,217	78,809
Office and Communication Expenses	5,812,854	5,491,350	263,351	58,153
Office and Communication Equipment Purchase and Repair	50,289	46,522	2,125	1,642
Fuel and Utilities	660,169	644,504	10,047	5,618
Physical Plant Expense	3,742,580	3,532,010	120,620	89,950
Institutional Expense	37,663	37,485	178	
Institutional Equipment Purchase and Repair	48,281	48,281		
Data Processing Expense	3,867,912	3,820,960	46,952	
Professional and Technical Expense	667,452	594,264	1,627	71,561
Other Expense	1,384,363	1,367,997	10,156	6,210
Case Services for the Blind	1,557,620			1,557,620
OASDHI, Mo. Retirement and Insurance (Federal Fund Only)	7,196,195	6,754,321	293,633	148,241

Of the total costs of administration, $62.1 million (70.3 percent) went for staff salaries. Compared to the previous year staff salaries decreased by $5.2 million (7.7 percent). Other large expenditures were for OASDHI and State retirement, $7.2 million; communication, $5.8 million; building and ground expense, $3.7 million; travel, $1.2 million; and data processing expense, $3.9 million.

APPENDIXES

A. Chronologies of Activities Affecting Programs Administered by the Division of Family Services 97

B. Supplementary Statistical Tables 99

  I. Average Monthly Number of Recipients Under Programs Administered by the Division of Family Services, by Program and by County, July 1981-June 1982 100

  II. Cash Payments Extended to Recipients Under Programs Administered by the Division of Family Services, by Program and by County, July 1981-June 1982 104

  III. Number of Recipients Under Programs Administered by the Division of Family Services, July 1981-June 1982 108

  IV. Amount of Cash Expenditures Under Programs Administered by the Division of Family Services, July 1981-June 1982 110

  V. Amount of Medical Assistance Expended Under Programs Administered by the Division of Family Services, by Type of Service and by Month, July 1981-June 1982 112

  VI. Average Monthly Number of Households and Persons and Total Dollar Value of Stamps for Food Stamp Program, July 1981-June 1982 114

APPENDIX A.

CHRONOLOGIES OF ACTIVITIES AFFECTING PROGRAMS

July 1, 1981	Effective July 1, 1981, Social Security (RSDI) benefits were increased by 11.2 percent and Supplemental Security Income (SSI) maximum was increased to $264.70 for an individual and $397.00 for a couple.
September 16, 1981	Cash Nursing Care Grant to 18-21 years olds were eliminated. The age factor must be considered as an eligibility factor in the application process. Individuals under 21 years of age may no longer be approved for a Supplemental Nursing Care grant under the Nursing Care, General Relief or Supplemental Aid to the Blind programs.
October 1, 1981	The blind maximum was raised to $200.00 as a result of House Bill 360. The grant change became effective, October 1, 1981.
October 1, 1981	Amendment to Social Security Act was passed by Congress and signed by the President, set a limit of gross income (minus overhead expenses only) of 150 percent of the need standard that a family may have and be eligible for AFDC assistance or assistance based on AFDC financial criteria. This amendment was implemented October 1, 1981 in Missouri.
February 16, 1982	House Bill 1462 signed into law to eliminate the $5.00 Standard Cash Exemption from both the AFDC and SAB program.
February 16, 1982	House Bill 1462 enacted February 16, 1982 changed the amount and type of resources a claimant may own and be eligible for AFDC assistance. Claimants may now have a maximum of $1,000 equity in all "resources" owned, including real property, personal property, cash and securities, life insurance and prepaid burials, and available resources or any combination of these. This maximum replaces the former AFDC maximums of $20,500 for total property and $1,500 for cash and securities and available resources.
April 21, 1982	Missouri is now known as a "IV-D Recovery State". The IV-D agency (Support Enforcement Unit, SEU), will be responsible for the recovery of any support payments made to and retained by an AFDC claimant which were not treated as income in determining the AFDC grant.

May 17, 1982	Missouri Law, Section 143,781 RSMo, provides that Missouri State individual income tax refunds may be intercepted and kept as payment towards a debt owed the state. Division of Family Services is intercepting individuals state income tax refunds for individuals who owe the state past due child support, and individuals who owe AFDC restitution.
June 1, 1982	Missouri has designated the General Relief Program as an Interim Assistance Reimbursement (IAR) Program as defined by SSI. Under this program, the state is able to recoup any payments made to an individual between the time the individual applied for SSI was subsequently found to be SSI eligible and began receiving SSI.

APPENDIX B

SUPPLEMENTARY
STATISTICAL
TABLES

Table I. Average Monthly Number of Recipients Under Programs Administered by the

County	AFDC			GR	
	Families	Children	Persons	Cases	Persons
STATE TOTAL	66,581	127,479	189,128	5,415	5,643
Adair	186	323	510	16	18
Andrew	81	146	220	7	7
Atchison	45	82	120	3	3
Audrain	226	386	591	5	5
Barry	206	388	574	16	17
Barton	75	139	202	9	9
Bates	130	243	362	13	14
Benton	109	191	296	5	6
Bollinger	111	224	338	22	22
Boone	717	1,253	1,898	72	81
Buchanan	1,095	1,940	2,958	114	120
Butler	802	1,514	2,251	74	77
Caldwell	40	66	103	3	3
Callaway	229	374	578	15	15
Camden	158	284	439	11	11
Cape Girardeau	486	878	1,339	40	44
Carroll	131	256	366	14	14
Carter	114	209	321	22	25
Cass	308	579	861	9	10
Cedar	103	178	273	12	13
Chariton	79	124	193	11	11
Christian	193	359	532	12	12
Clark	74	148	223	7	8
Clay	627	1,045	1,622	44	45
Clinton	101	162	249	5	5
Cole	310	535	820	18	19
Cooper	112	184	282	4	4
Crawford	251	490	743	27	29
Dade	38	70	106	2	2
Dallas	128	224	345	8	9
Daviess	51	91	136	5	5
DeKalb	51	90	138	1	1
Dent	186	327	498	25	25
Douglas	112	203	301	9	9
Dunklin	983	2,022	2,916	66	70
Franklin	554	1,016	1,544	22	22
Gasconade	60	112	170	8	9
Gentry	43	64	102		
Greene	2,023	3,646	5,565	232	246
Grundy	75	130	194	4	5
Harrison	74	129	200	10	10
Henry	158	299	453	25	27
Hickory	61	111	169	5	6
Holt	39	77	111	1	1
Howard	94	163	241	8	8
Howell	322	572	889	25	26
Iron	139	264	405	10	10
Jackson	10,556	20,071	29,783	804	853
Jasper	861	1,557	2,378	97	103
Jefferson	1,093	1,847	2,877	43	45
Johnson	201	352	531	10	10
Knox	19	35	54	2	2
Laclede	340	620	938	20	20
Lafayette	185	327	484	5	6
Lawrence	229	456	682	20	21
Lewis	94	163	251	11	11
Lincoln	145	251	382	8	8

Division of Family Services, by Program and by County, July 1981-June 1982

County	BP Cases	ABS Cases	NC Cases	SSI-SP Cases	SP Cases
STATE TOTAL	904	628	9,995	16,108	6,198
Adair	3	2	71	70	14
Andrew	2	2	47	37	13
Atchison	2	2	5	24	7
Audrain	7	5	42	64	31
Barry	3	5	90	164	42
Barton	3	3	40	46	11
Bates	6	8	13	75	26
Benton	4		19	39	11
Bollinger		1	28	111	28
Boone	14	10	86	121	38
Buchanan	26	12	201	202	111
Butler	5	8	64	419	120
Caldwell	3	1	4	52	19
Callaway	9	2	73	64	23
Camden	4	6	28	73	18
Cape Girardeau	8	12	175	170	69
Carroll	3	4	21	47	14
Carter		1		62	24
Cass	7	7	45	57	13
Cedar	2	4	6	59	20
Chariton	1		43	54	16
Christian	1	3	29	109	16
Clark		2	18	19	4
Clay	21	9	171	113	81
Clinton	4	7	101	42	16
Cole	5	2	96	96	29
Cooper	1	1	139	42	18
Crawford		1	35	101	37
Dade				58	2
Dallas	3	2	27	111	22
Daviess	1	1	11	45	11
DeKalb		1		22	13
Dent	4	5	34	115	32
Douglas	3		15	118	22
Dunklin	6	12	15	596	123
Franklin	23	11	73	113	51
Gasconade	2	1	57	40	15
Gentry	1	1	4	49	9
Greene	36	13	217	505	230
Grundy	3	2	6	58	13
Harrison			8	75	8
Henry	2	5	49	100	28
Hickory		2		44	10
Holt		1	50	44	10
Howard		1	93	69	18
Howell	7	8	49	247	52
Iron	5	3	28	93	24
Jackson	171	70	1,417	980	538
Jasper	37	19	305	375	158
Jefferson	19	9	351	134	87
Johnson	8	5	35	50	15
Knox			13	17	5
Laclede	2	6	54	160	41
Lafayette	2		45	70	19
Lawrence	6	1	27	136	50
Lewis	2	5	84	30	13
Lincoln	3	4	149	43	16

Table I. Average Monthly Number of Recipients Under Programs Administered by the

County	AFDC			GR	
	Families	Children	Persons	Cases	Persons
Linn	107	194	301	10	13
Livingston	138	264	392	12	13
McDonald	183	347	526	24	26
Macon	106	178	271	5	5
Madison	140	260	384	6	6
Maries	47	89	131	4	5
Marion	314	585	882	26	26
Mercer	28	54	85	6	6
Miller	170	297	451	25	26
Mississippi	631	1,301	1,863	53	53
Moniteau	72	127	192	2	3
Monroe	59	117	175	5	5
Montgomery	120	214	329	14	16
Morgan	127	229	351	16	19
New Madrid	769	1,590	2,289	45	46
Newton	300	525	794	27	29
Nodaway	111	200	309	5	5
Oregon	137	240	368	11	11
Osage	46	86	133	5	5
Ozark	107	191	293	15	15
Pemiscot	1,102	2,484	3,421	40	41
Perry	113	195	306	12	12
Pettis	410	727	1,121	38	41
Phelps	255	456	697	16	17
Pike	214	390	592	17	19
Platte	209	356	554	7	7
Polk	135	238	361	14	14
Pulaski	340	648	973	33	35
Putnam	20	35	54		
Ralls	55	94	146	3	3
Randolph	263	475	722	24	24
Ray	154	287	422	8	8
Reynolds	73	138	210	9	10
Ripley	275	553	840	31	33
St. Charles	789	1,371	2,136	51	51
St. Clair	110	222	322	11	12
St. Francois	668	1,176	1,812	51	55
Ste.Genevieve	108	201	306	9	9
St. Louis	7,832	14,077	21,262	410	423
St. Louis City	20,204	41,735	60,448	1,915	1,962
Saline	242	432	632	20	20
Schuyler	41	71	110	3	3
Scotland	26	43	69	1	1
Scott	874	1,705	2,513	47	49
Shannon	79	147	227	7	9
Shelby	47	91	135	9	9
Stoddard	451	822	1,234	60	62
Stone	122	223	346	6	7
Sullivan	58	93	143	6	7
Taney	143	246	372	13	14
Texas	211	399	587	8	8
Vernon	199	351	536	29	31
Warren	124	224	339	6	6
Washington	390	745	1,134	49	50
Wayne	188	349	524	17	17
Webster	138	226	345	15	16
Worth	21	37	53	2	2
Wright	173	340	498	6	6

Division of Family Services, by Program and by County, July 1981-June 1982

County	BP Cases	ABS Cases	NC Cases	SSI-SP Cases	SP Cases
Linn	3	3	26	94	26
Livingston	4	3	151	72	23
McDonald	1		56	79	19
Macon	4	3	6	82	13
Madison	2	3	23	83	25
Maries	1		1	47	10
Marion	11	5	173	94	32
Mercer	2	2	2	31	6
Miller	3	3	2	82	25
Mississippi	4	7	2	249	73
Moniteau	5	3	58	46	12
Monroe	4	2	45	44	11
Montgomery	1	4	71	37	12
Morgan	4	1	5	80	28
New Madrid	10	9	5	340	98
Newton	7	3	24	152	31
Nodaway	3	1	55	60	18
Oregon	1	2	13	128	21
Osage		3	21	48	14
Ozark	1	1	3	93	13
Pemiscot	3	13	10	439	113
Perry	3	2	27	58	12
Pettis	19	10	129	146	53
Phelps	8		127	105	45
Pike	5	3	134	69	28
Platte	2	2	105	29	13
Polk	3	8	48	142	26
Pulaski	1	3	52	107	25
Putnam		1	10	27	3
Ralls		3	20	29	15
Randolph	1	3	102	78	38
Ray	1	2	32	40	15
Reynolds			15	68	19
Ripley	4	1	13	147	56
St. Charles	10	11	139	92	60
St. Clair	3	1	3	75	12
St. Francois	16	11	267	146	68
Ste. Genevieve	2	2	23	22	13
St. Louis	105	45	1,425	681	438
St. Louis City	104	85	1,055	2,665	1,485
Saline	4	2	111	95	47
Schuyler	1	1	12	33	1
Scotland			14	15	4
Scott	9	5	86	271	122
Shannon		1	5	85	18
Shelby	3	3	70	46	7
Stoddard	4	13	98	307	123
Stone	1	1	8	84	25
Sullivan	6	3	13	63	4
Taney		3	19	86	33
Texas	3	5	36	136	42
Vernon	9	4	20	95	33
Warren	2	1	42	60	21
Washington	5	5	22	111	55
Wayne	5	2	19	141	29
Webster		3	31	147	29
Wroth	1		1	15	6
Wright		4	4	183	48

Table II. Cash Payments Extended to Recipients Under Programs Administered by the

County	Total All Programs	AFDC	GR	BP
STATE TOTAL	219,314,832	173,479,617	4,653,174	2,092,131
Adair	750,742	478,484	14,870	5,780
Andrew	402,339	203,116	5,322	5,725
Atchison	154,223	113,793	2,590	4,475
Audrain	738,181	566,118	4,340	15,275
Barry	930,536	531,360	14,280	6,450
Barton	277,938	183,701	7,560	6,750
Bates	449,265	331,629	11,736	12,950
Benton	381,602	278,348	5,216	8,300
Bollinger	451,308	285,890	18,306	
Boone	2,159,415	1,760,598	68,142	32,000
Buchanan	3,494,225	2,816,142	97,816	59,275
Butler	2,510,308	2,065,112	61,130	10,850
Caldwell	147,829	101,906	2,660	6,250
Callaway	820,978	537,782	12,827	22,975
Camden	565,381	405,734	9,135	9,300
Cape Girardeau	1,821,072	1,232,257	35,977	17,925
Carroll	440,574	330,257	10,705	6,775
Carter	354,692	296,810	19,386	1,000
Cass	1,003,418	806,156	7,779	16,625
Cedar	320,757	255,109	10,778	4,850
Chariton	321,741	177,688	8,768	2,325
Christian	650,879	490,865	9,737	3,250
Clark	241,354	197,218	6,092	600
Clay	2,239,721	1,567,645	37,582	48,515
Clinton	609,608	234,556	4,206	9,610
Cole	1,168,626	769,416	15,763	12,200
Cooper	728,680	277,699	2,940	2,325
Crawford	795,948	664,027	23,462	
Dade	119,744	96,703	2,030	
Dallas	449,923	318,673	7,020	7,925
Daviess	180,995	119,686	4,409	2,325
DeKalb	143,747	128,107	910	
Dent	656,201	468,659	20,643	9,300
Douglas	379,642	273,890	7,112	6,575
Dunklin	2,988,701	2,591,090	56,107	13,150
Franklin	1,815,304	1,438,711	18,203	54,175
Gasconade	344,808	153,459	7,216	4,800
Gentry	125,279	97,998		1,800
Greene	6,478,022	5,204,572	202,865	83,616
Grundy	231,562	185,109	3,376	6,775
Harrison	236,303	185,836	8,000	525
Henry	647,876	400,336	21,161	3,925
Hickory	186,276	157,760	4,794	1,000
Holt	293,550	97,527	841	
Howard	485,196	202,543	7,058	
Howell	1,071,399	796,523	20,056	16,450
Iron	504,310	372,437	8,558	11,750
Jackson	33,850,677	27,690,137	715,550	401,500
Jasper	3,488,852	2,198,014	79,735	85,800
Jefferson	4,005,650	2,758,254	37,519	44,295
Johnson	679,530	498,478	8,448	17,700
Knox	92,467	51,301	1,760	
Laclede	1,108,634	877,494	16,824	4,125
Lafayette	650,252	457,888	4,876	3,700
Lawrence	796,770	602,788	17,299	13,175
Lewis	562,313	231,514	9,046	4,475
Lincoln	788,508	361,670	6,176	5,900

Division of Family Services, by Program and by County, July 1981-June 1982

County	ABS	NC	SSI-SP	SP
STATE TOTAL	1,172,557	28,347,722	5,933,872	3,635,759
Adair	3,984	208,081	28,915	10,628
Andrew	3,600	158,250	18,448	7,878
Atchison	3,300	18,435	9,456	2,174
Audrain	10,027	104,974	21,772	15,675
Barry	8,810	299,188	51,737	18,711
Barton	3,163	56,880	13,175	6,709
Bates	15,329	27,713	23,421	26,487
Benton		67,782	11,015	10,941
Bollinger	2,495	99,181	33,661	11,775
Boone	21,015	206,182	49,806	21,672
Buchanan	25,081	358,238	84,207	53,466
Butler	13,422	144,378	148,218	67,198
Caldwell	2,850	8,377	15,670	10,116
Callaway	4,018	206,133	21,654	15,589
Camden	10,399	96,546	24,717	9,550
Cape Girardeau	20,049	414,840	67,181	32,843
Carroll	5,246	69,433	13,206	4,952
Carter	966		22,344	14,186
Cass	13,998	129,281	20,888	8,691
Cedar	8,014	9,093	20,421	12,492
Chariton		110,597	16,706	5,657
Christian	5,134	95,713	32,486	13,694
Clark	3,866	26,142	5,294	2,142
Clay	16,674	471,488	46,353	51,464
Clinton	11,319	325,892	14,350	9,675
Cole	3,553	313,026	36,333	18,335
Cooper	1,200	419,490	17,023	8,003
Crawford	2,325	51,864	31,287	22,983
Dade		240	19,902	869
Dallas	2,700	53,008	45,093	15,504
Daviess	2,325	34,989	12,581	4,680
DeKalb	2,525		8,229	3,976
Dent	9,330	93,581	40,406	14,282
Douglas		43,923	36,312	11,830
Dunklin	22,013	24,636	218,490	63,215
Franklin	21,105	220,017	40,268	22,825
Gasconade	1,617	155,355	15,437	6,924
Gentry	1,383	3,776	15,162	5,160
Greene	19,264	645,906	192,884	128,915
Grundy	1,706	11,449	18,461	4,686
Harrison		17,379	21,861	2,702
Henry	9,881	162,201	29,201	21,171
Hickory	3,913	600	14,525	3,684
Holt	835	173,642	15,832	4,873
Howard	1,650	233,760	29,023	11,162
Howell	13,576	99,466	97,431	27,897
Iron	6,249	58,309	32,108	14,899
Jackson	135,800	4,153,779	393,336	360,576
Jasper	34,361	885,213	125,748	79,981
Jefferson	18,571	1,042,601	50,146	54,264
Johnson	10,430	116,392	19,355	8,727
Knox		29,061	5,848	4,497
Laclede	10,129	120,245	56,529	23,288
Lafayette	175	142,107	26,478	15,028
Lawrence	1,493	90,543	47,708	23,764
Lewis	7,605	296,236	10,148	3,289
Lincoln	6,667	383,604	14,431	10,060

Table II. Cash Payments Extended to Recipients Under Programs Administered by the

County	Total All Programs	AFDC	GR	BP
Linn	405,466	260,804	9,865	6,800
Livingston	839,745	358,922	10,097	8,400
McDonald	699,748	483,794	20,795	2,325
Macon	326,810	257,976	4,376	8,375
Madison	496,862	358,823	5,390	4,825
Maries	148,023	116,204	3,920	2,325
Marion	1,414,447	805,043	21,661	25,050
Mercer	105,003	75,896	5,102	4,650
Miller	490,100	412,473	21,769	7,150
Mississippi	1,835,998	1,634,559	42,140	9,375
Moniteau	386,383	176,671	2,079	11,275
Monroe	100,396	151,916	4,410	8,150
Montgomery	523,255	293,200	13,350	2,525
Morgan	403,465	323,877	14,871	8,300
New Madrid	2,220,033	1,962,126	36,432	23,850
Newton	886,383	747,678	24,300	15,975
Nodaway	494,335	281,876	3,858	6,050
Oregon	440,764	350,423	9,007	1,525
Osage	228,447	121,986	3,409	
Ozark	332,923	274,127	11,921	1,600
Pemiscot	3,138,641	2,842,615	32,960	6,375
Perry	374,794	286,409	10,195	6,050
Pettis	1,560,961	1,014,613	31,525	45,600
Phelps	1,105,173	641,353	13,997	19,450
Pike	1,071,085	548,742	15,284	11,450
Platte	895,891	538,052	6,214	5,350
Polk	581,005	341,061	11,156	6,650
Pulaski	1,152,706	893,575	28,241	2,125
Putnam	74,347	49,564		
Ralls	227,384	135,500	2,107	400
Randolph	1,061,265	665,204	20,130	1,975
Ray	514,839	395,255	6,380	2,040
Reynolds	254,591	190,518	7,940	
Ripley	872,556	737,567	26,673	8,500
St. Charles	2,546,246	2,012,487	41,746	23,575
St. Clair	328,336	274,202	8,849	7,175
St. Francois	2,579,686	1,722,534	45,173	36,575
Ste. Genevieve	378,632	276,546	7,490	4,650
St. Louis	26,041,801	19,956,650	350,281	246,975
St. Louis City	61,259,088	54,633,687	1,634,966	241,275
Saline	1,034,859	579,032	15,731	9,975
Schuyler	164,225	105,865	2,170	2,325
Scotland	101,165	63,453	1.120	
Scott	2,697,532	2,235,675	39,067	19,775
Shannon	256,088	199,442	7,578	200
Shelby	380,861	113,272	6,929	6,250
Stoddard	1,546,909	1,112,058	50,768	8,375
Stone	388,921	323,225	5,151	1,200
Sullivan	212,748	138,447	5,698	13,950
Taney	449,362	330,740	11,516	
Texas	692,959	535,057	6,810	6,975
Vernon	658,294	494,437	25,322	21,425
Warren	505,298	309,586	5,390	4,675
Washington	1,234,767	1,055,147	40,450	10,500
Wayne	610,211	482,942	13,952	12,500
Webster	475,522	326,468	11,930	200
Worth	58,242	45,530	1,446	1,975
Wright	555,424	448,160	5,390	

Division of Family Services, by Program and by County, July 1981-June 1982

County	ABS	NC	SSI-SP	SP
Linn	5,975	74,709	29,868	17,445
Livingston	6,009	412,448	26,247	17,622
McDonald		157,716	25,819	9,799
Macon	6,535	15,990	27,651	5,907
Madison	6,997	81,207	29,113	10,507
Maries		3,000	19,058	3,516
Marion	8,875	494,390	39,008	20,420
Mercer	4,026	1,298	11,579	2,452
Miller	3,740	5,381	28,109	11,478
Mississippi	12,396	6,403	98,391	32,734
Moniteau	7,135	168,197	14,965	6,061
Monroe	3,861	114,967	12,748	4,344
Montgomery	6,415	189,053	13,727	4,985
Morgan	2,350	8,980	25,610	19,477
New Madrid	15,457	6,806	115,801	59,561
Newton	4,713	30,195	48,258	15,264
Nodaway	2,150	172,737	21,445	6,219
Oregon	4,474	25,284	36,999	13,052
Osage	5,442	70,985	17,449	9,176
Ozark	1,919	3,666	32,085	7,605
Pemiscot	21,839	20,261	155,609	58,982
Perry	4,016	41,853	18,340	7,931
Pettis	20,625	375,041	43,364	30,193
Phelps	541	347,280	56,163	26,389
Pike	5,800	451,072	27,991	10,746
Platte	3,629	324,990	11,129	6,527
Polk	16,814	133,304	59,048	12,972
Pulaski	4,767	169,108	36,306	18,584
Putnam	2,325	10,943	10,152	1,363
Ralls	5,727	61,579	14,330	7,741
Randolph	6,117	313,621	27,280	26,938
Ray	3,511	84,604	12,507	10,542
Reynolds	65	20,694	26,223	9,151
Ripley	1,038	17,434	47,608	33,736
St. Charles	22,537	361,479	41,799	42,623
St. Clair	2,593	3,553	24,836	7,128
St. Francois	21,623	668,075	49,898	35,808
Ste. Genevieve	3,851	72,153	7,027	6,915
St. Louis	83,413	4,820,366	292,534	291,582
St. Louis City	160,986	2,591,852	1,056,922	939,400
Saline	4,913	368,649	34,787	21,772
Schuyler	2,529	42,600	8,124	612
Scotland		30,062	4,343	2,187
Scott	9,469	225,084	101,725	66,737
Shannon	1,588	7,080	28,966	11,234
Shelby	7,329	227,852	15,533	3,696
Stoddard	25,347	188,897	106,098	55,366
Stone	1,325	20,702	23,427	13,891
Sullivan	5,975	24,990	19,617	4,071
Taney	6,982	53,301	30,572	16,251
Texas	5,797	77,036	45,110	16,174
Vernon	7,548	63,893	29,504	16,165
Warren	1,260	130,539	35,840	18,008
Washington	9,352	54,348	36,295	28,675
Wayne	5,725	26,587	53,250	15,255
Webster	2,361	73,188	48,060	13,315
Worth	780	3,600	3,201	1,710
Wright	8,851	7,425	64,247	21,351

Table III. Number of Recipients Under Programs Administered

Month and Year	Total - All Types of Assistance		AFDC			AFDC-FC
	Cases	Persons	Families	Children	Persons	Children
1981-1982						
June	98,720	213,429	62,167	117,562	174,756	1,978
May	98,941	213,866	62,010	117,566	174,781	2,001
April	102,096	221,045	64,249	121,617	181,007	1,975
March	102,159	221,680	64,062	122,248	181,418	1,947
February	101,974	221,180	63,629	121,997	180,704	1,948
January	103,598	225,008	64,509	124,132	183,723	1,934
December	104,465	226,734	64,881	125,070	184,914	1,984
November	109,246	240,205	69,591	133,721	198,299	1,955
October	111,533	245,413	71,224	136,683	202,833	1,996
September	112,352	246,915	71,546	137,396	203,855	2,001
August	112,558	246,474	71,019	136,622	202,660	2,007
July	111,916	244,702	70,030	135,083	200,497	2,060
1980-1981						
June	116,718	261,759	74,163	144,141	216,783	2,102
May	117,079	262,468	74,193	144,372	217,137	2,138
April	118,247	265,570	75,089	146,124	219,959	2,132
March	118,699	266,280	75,121	146,341	220,232	2,138
February	117,344	262,373	73,845	144,242	216,517	2,099
January	117,902	262,820	73,849	144,262	216,348	2,138
December	116,973	259,975	72,950	142,694	213,511	2,171
November	116,496	257,910	72,232	141,351	211,256	2,126
October	116,110	257,043	71,847	140,993	210,378	2,149
September	115,830	255,499	71,138	139,780	208,350	2,153
August	116,425	256,445	71,360	140,164	208,977	2,117
July	114,380	250,414	69,356	136,621	203,047	2,080

1/ For monthly data prior to 1980, see the Annual Report of the Division of Family Services. Data subject to adjustment.

by the Division of Family Services, July 1980-June 1982 1/

Month and Year	GR		BP	NC	ABS	SSI-SP	SP
	Cases	Persons					
1981-1982							
June	4,607	4,749	957	9,587	601	14,971	5,830
May	4,763	4,916	955	9,530	608	15,155	5,920
April	5,127	5,343	956	9,770	616	15,372	6,006
March	5,151	5,369	933	9,810	618	15,536	6,049
February	5,141	5,324	922	9,850	608	15,734	6,090
January	5,397	5,659	908	10,044	619	15,963	6,158
December	5,552	5,804	904	10,082	625	16,176	6,245
November	5,417	5,713	880	10,078	616	16,356	6,308
October	5,740	6,015	870	10,141	624	16,570	6,364
September	5,832	6,085	855	10,236	615	16,852	6,416
August	6,101	6,369	830	10,349	620	17,192	6,447
July	6,117	6,376	779	10,388	693	17,388	6,521
1980-1981							
June	6,414	6,733	736	10,536	715	17,583	6,571
May	6,425	6,732	728	10,535	732	17,832	6,634
April	6,462	6,783	712	10,571	726	18,003	6,684
March	6,501	6,833	700	10,557	735	18,287	6,798
February	6,264	6,522	677	10,431	737	18,515	6,875
January	6,369	6,650	657	10,587	740	18,770	6,930
December	6,147	6,417	643	10,554	726	18,963	6,990
November	6,118	6,382	631	10,604	718	19,170	7,023
October	5,944	6,197	621	10,536	704	19,388	7,070
September	6,029	6,333	605	10,493	727	19,665	7,173
August	5,922	6,208	576	10,594	712	19,991	7,270
July	5,617	5,880	545	10,536	761	20,236	7,329

Table IV. Amount of Cash Expenditures Under Programs Administered
(Exclusive of Vendor

Month and Year	Total	AFDC	AFDC-FC	GR
TOTAL (1981-1982)	221,673,700	173,479,617	2,358,868	4,653,174
June	17,635,145	13,825,511	196,954	327,447
	17,626,236	13,788,562	197,887	337,984
April	18,180,295	14,241,306	197,657	368,692
March	18,114,075	14,159,461	192,402	369,554
February	17,999,221	14,033,860	192,427	364,979
January	18,223,468	14,175,656	192,018	391,681
December	18,412,473	14,343,185	196,404	401,384
November	18,921,110	14,864,462	193,573	392,511
October	19,189,374	15,081,514	198,359	413,909
September	19,239,884	15,154,801	198,650	417,206
August	19,165,919	15,021,451	198,683	435,670
July	18,966,500	14,789,848	203,854	432,157
TOTAL (1980-1981)	238,527,967	186,996,545	2,533,334	5,250,374
June	20,107,817	15,830,888	208,520	458,198
May	20,144,565	15,848,913	211,997	457,507
April	20,386,687	16,080,915	211,076	461,140
March	20,410,651	16,090,808	213,057	463,010
February	20,069,885	15,804,414	208,268	440,551
January	20,122,502	15,801,570	212,846	449,111
December	19,883,397	15,585,491	215,591	432,404
November	19,742,398	15,439,405	210,284	430,649
October	19,615,410	15,331,751	212,717	417,831
September	19,487,166	15,185,961	213,369	426,421
August	19,508,743	15,222,925	209,480	417,832
July	19,048,746	14,773,504	206,129	395,720

1/ For monthly data prior to 1980, see the Annual Report of the Division of Family Services. (Data rounded to nearest dollar and subject to adjustment.)

by the Division of Family Services, July 1980-June 1982 1/
Medical Care)

Month and Year	BP	NC	ABS	SSI-SP	SP
TOTAL (1981-1982)	2,092,131	28,347,722	1,172,557	5,933,872	3,635,759
June	191,600	2,249,163	97,839	462,883	283,748
May	191,300	2,254,497	99,058	468,713	288,235
April	191,500	2,310,728	100,672	475,104	294,636
March	186,835	2,328,665	100,471	479,925	296,762
February	184,735	2,339,069	98,829	486,186	299,136
January	181,835	2,386,833	100,371	492,761	302,313
December	181,185	2,382,079	101,759	498,243	308,234
November	176,324	2,377,963	100,932	503,600	311,745
October	174,243	2,394,017	102,311	510,531	314,490
September	150,103	2,415,447	85,479	508,963	309,235
August	145,743	2,447,759	86,427	519,562	310,624
July	136,728	2,461,502	98,409	527,401	316,601
TOTAL (1980-1981)	1,357,936	30,285,514	1,230,013	6,852,085	4,022,166
June	129,243	2,525,043	102,211	535,132	318,582
May	127,678	2,529,591	104,437	542,811	321,631
April	124,878	2,533,389	103,866	547,565	323,858
March	122,738	2,532,228	104,932	554,814	329,064
February	118,713	2,498,042	105,004	561,483	333,410
January	115,338	2,533,208	105,736	568,745	335,948
December	112,873	2,521,153	103,493	574,028	338,364
November	110,758	2,530,744	102,595	579,780	338,183
October	109,001	2,516,099	100,744	586,387	340,880
September	106,176	2,509,314	103,962	595,033	346,930
August	92,880	2,529,102	92,130	598,207	346,187
July	87,660	2,527,601	100,903	608,100	349,129

Table V. Amount of Medical Assistance Expended Under Programs Administered by the

Month and Year	Total All Services	Physicians' Services	Drugs	Skilled Nursing Care	Intermediate Care Facility
TOTAL (1981-1982)	424,448,592	23,771,444	27,793,876	3,362,277	141,596,700
June	35,759,732	2,657,853	2,569,852	285,584	11,910,922
May	35,723,962	2,115,646	1,844,724	300,300	12,264,913
April	33,954,597	1,744,293	1,659,692	282,652	12,755,822
March	33,45[illegible],355	2,097,701	1,551,492	288,167	11,178,601
February	36,207,718	2,144,064	2,521,495	350,626	12,558,169
January	31,388,888	1,366,942	1,829,026	159,792	11,842,338
December	42,248,691	2,027,822	2,608,126	281,719	11,838,389
November	33,376,884	2,071,835	2,342,012	278,443	12,863,411
October	34,814,562	2,155,247	2,657,093	280,545	10,838,315
September	38,168,757	2,151,212	3,193,149	305,128	11,676,632
August	34,032,506	1,636,039	2,555,897	273,996	10,987,495
July	35,319,940	1,602,790	2,461,318	275,325	10,881,693

Table V. Amount of Medical Assistance Expended Under Programs Administered by the

Month and Year	Optometric Services	Clinic Services	Durable Medical Equipment	Audiology Services	Podiatry Services	Rehabilitation Center
TOTAL (1981-1982)	2,602,518	8,566,521	1,525,674	510,908	174,877	490,286
June	201,785	980,936	165,054	12,410	12,838	61,869
May	228,313	792,456	121,268	39,452	20,834	46,034
April	209,259	609,798	144,051	19,877	16,631	61,314
March	173,676	857,812	152,514	29,043	15,736	42,388
February	185,026	730,686	131,755	28,614	11,963	90,559
January	143,123	521,301	82,958	27,184	13,180	16,638
December	264,964	742,059	129,175	50,210	12,081	30,700
November	218,431	703,466	143,288	55,745	15,041	47,661
October	271,899	819,351	130,812	62,597	13,063	52,939
September	292,613	701,009	135,572	62,926	16,983	23,507
August	225,253	557,627	100,712	55,083	12,028	6,112
July	188,176	550,020	88,515	67,767	14,499	10,565

1/ For monthly data prior to 1981, see the Annual Report of the Division of Family Services. (Data rounded to nearest dollar and subject to adjustment.)

Division of Family Services, by Type of Service and by Month, July 1981-June 1982 1/

Inpatient Hospital*	Outpatient Hospital	Dental Services	X-ray and Laboratory	Ambulance Services	Home Health Services
120,364,060	26,382,876	10,367,367	1,400,386	643,611	1,007,989
8,751,474	2,666,301	850,180	141,695	44,342	32,400
10,371,640	2,312,997	687,281	118,306	56,823	79,761
9,089,218	2,206,480	567,980	155,170	66,551	93,805
9,599,186	1,957,211	629,276	147,763	59,385	78,395
8,371,348	3,445,548	815,677	133,061	62,880	106,468
8,830,671	1,253,233	644,794	103,664	38,121	46,253
12,914,072	2,214,916	868,938	114,651	62,522	95,784
10,491,471	2,104,822	737,334	124,003	50,203	86,835
9,521,911	2,121,035	1,012,551	107,318	70,973	95,665
10,565,331	2,640,285	1,157,940	116,194	52,330	132,488
9,935,893	1,998,976	1,093,286	66,183	37,663	77,872
11,921,845	1,461,072	1,302,130	72,378	41,818	82,263

Division of Family Services, by Type of Service and by Month, July 1981-June 1982 (Contd)

Family Planning*	EPSDT	ICF-MR	Community Placement ICF-MR	Mental Hospital	Psychiatric Care Under 22	Buy In
2,319,014	599,611	38,692,751	1,805,717	2,515,504	655,797	7,298,828
232,894	45,854	3,036,172	148,621	356,781	4,401	589,514
184,988	38,341	2,987,306	133,802	379,102	29,097	570,578
201,369	37,026	2,670,150	148,309	329,102	276,035	610,013
177,938	52,698	3,081,062	140,788	455,416	74,714	611,393
204,112	47,848	3,050,279	141,474	452,304	19,742	604,020
176,292	45,194	2,963,314	121,581	504,372	35,296	623,621
215,178	55,916	6,784,148	134,166	33,822	182,522	586,811
195,866	69,353	6,297 -	177,870	1,655		604,436
202,958	54,540	3,551,685	137,095	1,839	29,972	625,159
223,777	71,710	3,913,422	107,303	703	4,018	624,525
164,799	31,976	3,437,865	151,380			626,371
138,843	49,155	3,223,645	263,328	408		622,387

* Approximately $1,377,300 included in Inpatient Hospital costs and $595,200 in Family Planning were for sterilizations.

Table VI. Average Monthly Number of Households and Persons and

County	Households	Persons	Value of Stamps
STATE TOTAL	137,331	380,695	185,437,545
Adair	581	1,478	709,069
Andrew	230	742	318,828
Atchison	134	359	156,145
Audrain	538	1,496	672,856
Barry	633	1,753	737,742
Barton	219	552	234,023
Bates	448	1,200	535,068
Benton	358	966	458,840
Bollinger	403	1,153	506,128
Boone	1,552	3,988	1,971,084
Buchanan	2,494	6,982	3,449,358
Butler	2,377	6,174	2,747,314
Caldwell	178	453	192,259
Callaway	462	1,315	594,169
Camden	443	1,229	569,809
Cape Girardeau	1,107	2,866	1,308,949
Carroll	330	968	422,590
Carter	401	1,120	487,196
Cass	582	1,767	855,223
Cedar	404	1,032	450,005
Chariton	251	602	244,365
Christian	552	1,593	714,624
Clark	228	662	310,461
Clay	1,325	3,508	1,745,686
Clinton	222	586	244,827
Cole	855	2,150	1,076,955
Cooper	275	722	312,611
Crawford	732	2,207	1,040,805
Dade	162	421	179,690
Dallas	448	1,195	528,478
Daviess	184	502	220,447
DeKalb	133	384	165,386
Dent	604	1,602	765,986
Douglas	527	1,367	588,686
Dunklin	2,784	7,358	3,215,424
Franklin	1,314	4,023	1,947,716
Gasconade	222	627	267,938
Gentry	132	366	144,165
Greene	4,896	12,359	6,078,386
Grundy	287	756	326,355
Harrison	318	759	340,347
Henry	515	1,354	581,819
Hickory	266	679	303,741
Holt	158	402	179,081
Howard	282	664	258,135
Howell	914	2,357	1,015.732
Iron	402	1,206	571,754
Jackson	17,117	47,146	25,184,009
Jasper	2,428	6,290	2,888,482
Jefferson	2,113	6,622	3,269,551
Johnson	522	1,548	689,491
Knox	99	253	106,118
Lacelde	759	2,138	967,610
Lafayette	443	1,262	596,892
Lawrence	657	1,870	829,471
Lewis	251	700	303,163
Lincoln	369	1,047	496,071

Total Dollar Value of Stamps for Food Stamp Program, by County, July 1981-June 1982

County	Households	Persons	Value of Stamps
Linn	353	872	359,288
Livingston	438	1,204	544,100
McDonald	555	1,551	698,840
Macon	286	751	316,836
Madison	335	911	422,551
Maries	189	482	202,060
Marion	810	2,275	1,071,907
Mercer	100	259	118,676
Miller	676	1,893	813,829
Mississippi	1,539	4,391	1,847,959
Moniteau	215	545	234,182
Monroe	181	486	212,851
Montgomery	305	885	403,345
Morgan	402	1,086	490,152
New Madrid	1,783	5,394	2,248,159
Newton	893	2,398	1,036,343
Nodaway	324	921	400,786
Oregon	596	1,612	707,069
Osage	197	547	231,108
Ozark	424	1,041	449,830
Pemiscot	2,541	7,690	3,214,004
Perry	380	1,010	465,346
Pettis	1,241	3,174	1,379,769
Phelps	839	2,370	1,077,774
Pike	534	1,585	753,821
Platte	427	1,257	648,082
Polk	394	994	440,374
Pulaski	865	2,692	1,228,202
Putnam	87	239	107,027
Ralls	179	487	218,453
Randolph	650	1,787	793,703
Ray	345	1,036	495,598
Reynolds	319	860	368,299
Ripley	898	2,663	1,212,872
St. Charles	1,533	4,510	2,327,167
St. Clair	402	1,094	496,889
St. Francois	1,656	4,802	2,397,063
Ste. Genevieve	278	864	418,118
St. Louis	11,834	33,662	17,689,309
St. Louis City	32,955	91,663	47,666,266
Saline	547	1,450	608,841
Schuyler	136	394	169,685
Scotland	107	304	
Scott	2,015	5,704	2,548,385
Shannon	445	1,290	571,529
Shelby	213	519	216,351
Stoddard	1,557	4,042	1,683,268
Stone	421	1,151	516,404
Sullivan	199	509	206,631
Taney	440	1,109	481,948
Texas	684	1,959	868,012
Vernon	578	1,550	655,039
Warren	294	882	445,412
Washington	1,274	3,962	1,923,906
Wayne	632	1,803	784,324
Webster	465	1,179	482,456
Worth	73	205	79,122
Wright	673	1,860	782,923